

# Rediscovering Addicts

—

## Constructions of the Drug Addict in English and American Narrative Literature (1822–1999)

Vom Fachbereich für Geistes- und Erziehungswissenschaften der  
Technischen Universität Carolo-Wilhelmina zu Braunschweig  
zur Erlangung des Grades  
Doktor der Philosophie  
(Dr. phil.)  
genehmigte

**Dissertation**

von Christian Volker Kurt W e i g e l t  
aus Frankfurt am Main

Eingereicht am: 17. Dezember 2004  
Mündliche Prüfung am: 2. März 2005  
Referent: Prof. em. Dr. Hans-Joachim Possin  
Korreferent: Prof. Dr. Viktor Link

Druckjahr 2005

# Contents

<b>1</b>	<b>Introduction</b>	<b>3</b>
<b>2</b>	<b>Dissident Realities</b>	<b>16</b>
2.1	Narcotics, Stimulants, Psychedelics - An Introduction to the Different Types of Drugs . . . . .	25
2.2	A short History of Opiate Use and Drug Laws . . . . .	30
2.3	Outsiders – Drugs and Addicts as the Other . . . . .	41
2.4	The Addict: Patient or Criminal? . . . . .	51
2.5	Parallels between the Discourses on Addicts and Homosexuals . . . . .	56
<b>3</b>	<b>The Junky – Opiate Addicts from <i>Confessions of an English Opium-Eater</i> to <i>how to stop time - heroin from A to Z</i></b>	<b>61</b>
3.1	“How unmeaning a sound was opium at that time!” — Thomas De Quincey: <i>Confessions of an English Opium-Eater</i> (1822/1856) . . . . .	61
3.2	Wilkie Collins: <i>The Moonstone</i> (1868) . . . . .	88
3.3	Charles Dickens: <i>The Mystery of Edwin Drood</i> (1870) . . . . .	95
3.4	The early twentieth century . . . . .	100
3.4.1	Aleister Crowley: <i>Diary of a Drug Fiend</i> (1922) . . . . .	100
3.4.2	James S. Lee: <i>Underworld of the East</i> (1935) . . . . .	109
3.5	Junkies in America . . . . .	119
3.5.1	Nelson Algren: <i>The Man with the Golden Arm</i> (1949) . . . . .	119
3.5.2	William S. Burroughs: <i>Junky</i> (1953) . . . . .	124
3.5.3	Alexander Trocchi: <i>Cain’s Book</i> (1963) . . . . .	134
3.6	Changing Paradigms? . . . . .	143
3.6.1	Irvine Welsh: <i>Trainspotting</i> (1993) . . . . .	143
3.6.2	Ann Marlowe: <i>How to stop time – heroin from A to Z</i> (1999) . . .	153
3.7	Summary . . . . .	168

<b>4</b>	<b>Counterculture: Beats and Drugs</b>	<b>175</b>
4.1	Introduction . . . . .	175
4.2	“... some of the feel of what he was on most as he wrote it.” - Jack Kerouac’s Writing on Drugs . . . . .	181
4.3	The Junky Beat - William S. Burroughs and Drugs . . . . .	211
4.4	John Clellon Holmes . . . . .	225
4.5	A Marginal Character . . . . .	232
4.6	Summary . . . . .	240
<b>5</b>	<b>Conclusion</b>	<b>243</b>
<b>A</b>	<b>Bibliography</b>	<b>252</b>
A.1	Primary sources . . . . .	252
A.2	Secondary sources . . . . .	254
<b>B</b>	<b>Zusammenfassung in deutscher Sprache</b>	<b>258</b>

# Chapter 1

## Introduction

‘But how do they do it?’ Chamcha wanted to know.  
‘They describe us,’ the other whispered solemnly. ‘That’s all. They have the power of description, and we succumb to the pictures they construct.’

Salman Rushdie, *The Satanic Verses*<sup>1</sup>

The transformation that is explained in the above quotation is one that has taken place in the realm of magic realism in Salman Rushdie’s best known novel. After falling from an exploding plane and miraculously surviving, Saladin Chamcha, an Indian who had formerly lived a well adapted life in England, has been transformed into a demon-like creature resembling the Greek god Pan. In the novel, this metamorphosis symbolises the Otherness projected onto foreigners, and the form Rushdie has given his character is one that represents the capacity of the Other to inspire fear.

This thesis examines a different kind of Otherness. It is the Otherness attributed to some users of certain substances and the substances themselves. The substances are those that are subsumed under the name ‘drugs’, and certain individuals who take them are labelled ‘addicts’. The ‘addict’ is a frequently despised and sometimes feared identity, one that is shaped to a large extent by stereotypes that are a historical product of the discourses on drugs. A common perception of the situation of the addict is succinctly described by John Booth Davies, who questions the validity of this perception in *The Myth of Addiction*:

At the present moment, the standard line taken by a majority of people in the media, in treatment agencies, in government and elsewhere, hinges around notions of the helpless addict who has no power over his/her behaviour; and

---

<sup>1</sup>Salman Rushdie, *The Satanic Verses*, (Harmondsworth: Viking Penguin, 1988), p. 168.

the evil pusher lurking on street corners, trying to ensnare the nation's youth. They are joined together in a deadly game by a variety of pharmacologically active substances whose addictive powers are so great that to try them is to become addicted almost at once. Thereafter, life becomes a nightmare of withdrawal symptoms, involuntary theft, and a compulsive need for drugs which cannot be controlled. In fact, not one of these things is, or rather needs to be, true.<sup>2</sup>

The transformation that produces the addict from an individual who frequently was 'normal' and well adapted, is sometimes likened to a 'fall', one that is believed to be produced by a substance. This view invests drugs with an immense power over the person who takes them. As I will show, this view is untenable.

This thesis maps the constructions of the addict and other drug-using identities in narrative literature and examines both the representations in literature of the discourses on drugs that shape the 'social world'<sup>3</sup>, and the possible effects that literature has on these discourses. In particular, I am interested in rediscovering the addict as an individual whose behaviour, contrary to the common stereotypes, is volitional and influenced by a self-identification, i.e. addicts are individuals who "succumb to the pictures" constructed by the discourses on drugs.

The use of drugs is frequently considered to be a deviant behaviour and, since the early twentieth century, is also a punishable action in many countries<sup>4</sup>. Yet the use of illegal drugs is a part of our culture. Despite all attempts to eradicate it, the use of illegal drugs is prevalent among all age groups, social strata, and ethnicities. Data from the 2002/2003 British Crime Survey has led researchers to estimate that 12% of the 16- to 59-year-old population in Britain had used one or more illegal drugs in the previous year, and 36% in the same age group have used at least one illegal drug in their lifetime<sup>5</sup>. It is obvious from these numbers that it is not the use of an illegal drug alone that currently is a sufficient criterion to justify the labelling of a person as an addict.

Many of the psychoactive substances that are labelled 'drugs' have been with us for millennia, used for numerous purposes: as medicine, healing and relieving pain; in religious and divinatory ceremonies, strengthening communal ties and contributing to the formation of cultural identities; as instruments of control, both over dominated peoples and ethnic groups<sup>6</sup>, and over individuals; as weapons, like the amphetamines given to

---

<sup>2</sup>John Booth Davies, *The Myth of Addiction*, 2nd ed., (Amsterdam: Harwood Academic Publishers, 1997), p. x.

<sup>3</sup>I.e. the possible ways in which we can 'make sense' of drugs and addiction and their effects.

<sup>4</sup>If the use itself is not criminalised, then steps that are a prerequisite for use, e.g. possession of a drug or obtaining it, are.

<sup>5</sup>Condon, J., and Smith, N., *Prevalence of drug use: key findings from the 2002/2003 British Crime Survey*. Home Office Research Findings No. 229, (London: Home Office, 2003).

<sup>6</sup>E. g. alcohol and the American Indian peoples, or crack and the African Americans

fighter pilots in the Second World War<sup>7</sup>, or the LSD investigated by some armies as a potential component of psychological warfare<sup>8</sup>; as a substitute currency in unofficial (illegal) trade; as a means of recreation and a supposed source of pleasure. It is mainly as the latter that psychoactive substances have come to be regarded as dangerous and a 'scourge' of humanity, leading to the demand for strict control over substances and their users. It is, however, by no means all drugs that are the target of restrictive legislation: medicinal drugs are exempt from persecution (at least until their 'abuse' for pleasure leads to calls for certain techniques of prohibition: the reclassification from 'over-the-counter drug' to 'prescription drug' to 'illegal drug'), as are the 'traditional' and widely accepted psychoactive substances of the Western societies, namely caffeine, alcohol and tobacco.

All drugs—including medicinal drugs—*can* have negative effects. While the nature of the possible negative physical and psychological effects is mainly determined by the drug used, their occurrence and severity depend less on the substance itself, than on the way in which it is used (e.g. the amount taken and the frequency of use) and on factors related to the user him- or herself (e.g. physical and psychological constitution, the age and mental development of the user, reasons for the use). A teenager who regularly uses large amounts of cannabis can experience more negative consequences of his use than an adult who occasionally uses heroin does.

The physical and psychological effects of drugs (which can be called the primary effects), are not the only ones that affect the user. For a large number of users, grave effects stem from the legal sanctions and social stigmatisations that the discourses on drugs have produced. These secondary effects often influence the behaviour of addicts to a greater degree than the primary effects.

The nature and consequences of drug use cannot be divorced from the contexts within which it takes place; the experience and social consequences of drug use are not fixed entities, but vary according to the social, legal and other sanctions that surround the activity. Consequently, the reports of drug users about their experiences and behaviour are primarily revealing about the circumstances and conditions under which drug use takes place, rather than revealing immutable and certain facts about the inevitable nature of drug use itself. In circumstances where drug users regularly behave like stereotypical junkies, and report that their drug use is beyond their capacity to control, we must therefore turn our attention outwards and try to identify those aspects of the social world that make such types of behaviour necessary, and that provide the functional basis for the accompanying reports of helplessness and addiction.<sup>9</sup>

---

<sup>7</sup>Cf. Richard Davenport-Hines, *The Pursuit of Oblivion: A Social History of Drugs*, (London: Phoenix Press, 2002), p. 243.

<sup>8</sup>Cf. Stuart Walton, *Out of it — A cultural history of intoxication*, (London: Hamish Hamilton, 2001), p. 122.

<sup>9</sup>Davies, *The Myth of Addiction*, p. 160.

A failure to distinguish between the two types of effect and a propensity to simplify complex relationships have produced many myths and attributions that are prominent in the discourses on drugs. As a result, many of the public debates about drug use and addiction have been characterised by the participants talking at cross-purposes.

The participants of such debates are often divided into an ‘anti-drug’ faction, that wants to eradicate all non-medical use of drugs and frequently sees the ‘war on drugs’ as the most viable means of achieving this aim, and a ‘pro-drug’ faction, that wants drug use to be decriminalised or even legalised. It seems to be a perfect example of a *tertium non datur*. Both sides have many good arguments in favour of their goal: the ‘anti-drug warriors’ often rely on what they believe to be the negative consequences of drug use that can be observed in nearly all larger cities—the squalor of many neighbourhoods where an above average number of ‘junkies’ can be observed, the rising crime rates, prostitution, the health problems that many users are subject to—as a major proof that drug use is ‘bad’ for both society and individuals, while the ‘pro-drug activists’ frequently see the liberal ethical goal of ‘freedom of choice’ on their side and point out that many of the negative consequences arise from the illegality of drugs and not from their use alone.

The figure at the centre of this controversy, however, hardly ever gets a say in these debates. It is the addict about whom both sides give the impression of being concerned. He<sup>10</sup> can be perceived as the sick man, whose illness must be cured, the criminal, whose misbehaviour must be punished, the deviant from society’s norms, the victim of police harassment, of adulterated substances, of social stigmatisation. In the discourses on drugs he usually is present not as a voice that speaks out, but as the object about which others pass judgement or proclaim a diagnosis. Among the very few discursive fields where he is permitted a say, literature stands out as being both a mirror of the discourses on and societal perception of the addict, and an influence that can shape the perception. Literature can reach a by far wider audience than the reports and books by ‘specialists’ on the subject, and can influence the specialist and cultural discourses on drugs. This thesis tries to determine under which circumstances literature had this influence and the role that literature had in shaping the construct of the addict. Because of the growing importance of the media discourse (i.e. newspapers, magazines, radio and television) in the twentieth century, I expect to find that the influence of the literary discourse on drugs decreased in the second half of the twentieth century.

Why do I consider the addict to be a construct? One answer lies in the images evoked by the word. If I were to say in a conversation “Mr. Smith is an addict” this would not be

---

<sup>10</sup>For simplicity’s sake, and because a great majority of the addict characters represented in the works I discuss are men, I use the male pronoun when referring to the addict. However, with the possible exception of some aspects of the feminisation of the addict (discussed in 2.3) my findings are valid for both male and female addicts.



taken to mean that he is addicted in the general sense of the word, i.e. that this Mr. Smith does or uses *something* as a habit or compulsively<sup>11</sup>, but that he is addicted to drugs. And neither would this be taken to mean that he regularly takes tea for his breakfast or that he is a smoker (although both tea and tobacco can be labelled as drugs), but that he is a user of *illegal* drugs. Contrary to the definition of the addict as an individual who exhibits a certain behaviour, we tend to think of the addict as an identity that is the result of a transformation produced by a drug.

Instead of a view of addiction problems deriving from the interaction of a substance, a setting, and the aims and goals of those who use the substance (i.e. a view that sees addiction as something that people *do*), the prevailing notions tend to see addiction as something that *happens to people*; that is, as something imposed from outside by the inescapable pharmacological properties of an alien substance, rather than as a state negotiated through the more understandable channels of human desire and intention.<sup>12</sup>

A result of this view, i.e. the belief that a drug produces a change in behaviour that is uncontrollable by the individual, is that the addict is perceived as the object of this transformation, an individual whose identity is changed by the drug. This view is, as I will show in this thesis, untenable. The addict identity has to be seen as a (self-)identification used to explain behaviours. Yet while sociology and psychology have long discarded the concept of a static identity<sup>13</sup> and replaced it with a concept of identity as hybrid and dynamic, identity is still frequently seen by lay-persons as static. The discourses on drugs have, in the course of the nineteenth and twentieth century, created a number of identities for users of psychoactive substances. Yet some of these identities are rarely featured in the media discourse. There we can find a propensity to reduce the identities to a stereotype that serves to make a very complex phenomenon—the effects on an individual of using a drug—appear simple. Despite the attempts in the mid-twentieth century to postulate the addict as a uniform user's identity, regardless of the (illegal) drug used, there are in fact many different identities: casual users, users who create an identity in opposition to the 'addict', those who embrace addict stereotypes, and many others.

The archetypal addict is the 'junkie', the user of heroin who injects himself. He symbolises the images conjured up by the word 'addict'—deteriorating health, crime, a chaotic lifestyle, and the inability to resist a compulsion to use a drug day after day. This stereotype, which is frequently evoked by representations of addicts in the media,

---

<sup>11</sup>Cf. Lesley Brown, ed., *The New Shorter Oxford English Dictionary*, (Oxford: OUP, 1993), p. 24. Henceforth abbreviated as *NSOED*.

<sup>12</sup>Davies, *The Myth of Addiction*, p. vii. Unless indicated otherwise, the italics in quotations are those of the respective authors and reproduced here as they appear in the sources.

<sup>13</sup>Which can nonetheless be found in definitions for the word 'identity': "The condition or fact of a person or thing being that specified unique person or thing, esp. as a continuous unchanging property throughout existence". *NSOED*, p. 1304.

can be used in the creation and self-construction of addict identity. Yet, as my study of narrative literature featuring drug-using and addicted characters will show, there are many other identities that a user of opiates can construct for him- or herself, identities which can prevent addicts from giving up on themselves and succumbing to the stereotypical addict identities. Literature also reveals many aspects of use and addiction that are diametrically opposed to some common stereotypes: the use of opiates can have an ordering effect on the life of the user, the user can limit and sometimes even avoid many negative effects of opiate use, and the continued use of opiates is sometimes represented as a choice and not as based on a compulsion or an uncontrollable need for opiates.

Some scholars have analysed the construction of the addict as a purposive process intended to create fear that can be instrumentalised for the stigmatisation of minority groups and the creation of social control.

In the case of addiction mongering, three intertwining mechanisms for creating and discovering “addiction-prone” persons may be distinguished. The first is the classification, as “dangerous narcotics,” of certain substances which are neither dangerous nor narcotic, but which are particularly popular with groups whose members readily lend themselves to social and psychiatric stigmatization (such substances being marijuana and amphetamines, and such groups being the metropolitan blacks and Puerto Ricans, and the young). The second is the prohibition of these substances and the persecution—through corrupt and capricious law enforcement—of those associated with their use, as bad criminals (“pushers”) and as mad patients (“addicts” and “dope fiends”). The third mechanism is the persistent claim that the use of “dangerous narcotics” is increasing at an alarming rate, thus waging, in effect, a gigantic advertising campaign for the use of drugs that, although illegal, are readily available through illicit channels and are supposedly the source of immense “pleasures.” These processes insure a limitless source of “raw materials” out of which officially accredited and labelled addicts may be manufactured as needed.<sup>14</sup>

While all of these “mechanisms” can be identified in the history of the discourses on drugs, they occurred at various points of time, both individually and in combinations. They are by no means the only processes that have contributed to the constructions of addicts and addict identities. The representation of a construction of the addict as a purposive process completely neglects the role that the drug users themselves play in this construction. Through behaving in certain ways and choosing particular explanations for behaviours, drug users—and their literary representations—shape the perception of the addict.

My aim in this thesis is not to prove that the addict is a cultural construct—that this is the case should be obvious to anyone reading the cultural histories of drugs. Nor am I pri-

---

<sup>14</sup>Thomas Szasz, *Ceremonial Chemistry*, (Holmes Beach, FL: Learning Publications, 1985), p. xiii-xiv.

marily interested in finding causes why the addict is perceived as a deviant. Rather, I am interested in how the addict has been turned into a deviant identity. This transformation was not simply the result of prohibitions or of the creation of labels that were attached to certain drug using individuals. I will examine the discursive strategies that were employed in this process and their representations—as well as those of counter-discourses—in literature. In addition, I want to uncover possible reasons for the self-identification of drug users as addicts, i.e. find out under which circumstances characters who are regular drug users are represented as assuming a stereotypical addict identity.

In the course of this thesis, I want to test the following hypotheses: (1) The addict identity, as represented in the analysed works of narrative literature, can be an identity that is chosen by a drug using individual in order to have an explanation for the drug using behaviour that lessens the attribution of blame to the drug user. (2) Many of the concepts in the discourses on drugs that are frequently believed to have a paradigmatic validity (e.g. that addiction is due to a ‘need’ for a drug) have to be called into question, and the study of narrative literature can serve as a starting point to reevaluate these concepts.

Since the mid-1980s there has been an increased interest in the study of drug use as a cultural phenomenon. This is the latest development in a long history of written discourse that examines and represents drugs and their uses. In *On Drugs*, David Lenson distinguishes between seven genres of “drug writing”<sup>15</sup>.

Taken in no special order, they are, first, the universe of clinical studies conducted by physicians, biologists, and psychologists who investigate the biochemical and behavioral effects of psychoactive substances on living organisms; second, pharmacology, a specialized wing of biochemistry that records the physical composition of drugs and their impact on human and animal brains; third, work by historians, social scientists, and legal scholars on the relationships of drugs to the body politic and the body of law, including histories of the use and prohibition of particular substances and studies of users as deviant subgroups; fourth, literary and popular memoirs or confessional narratives by users, ex-users, and narcotics agents; fifth, works of drama, fiction, and poetry that depict drug use of various kinds; sixth, the so-called literature of recovery (practical and inspirational texts designed to aid the reader in giving up a drug or drugs); and seventh, writing located at the crossroads of anthropology, psychology, and mysticism, and containing metaphysical and religious speculations prompted by the effects of psychedelic drugs.<sup>16</sup>

While Lenson’s classification of writings on psychoactive substances is not complete, it reveals many important components of the discourses on drugs. The first three of these genres belong to the scholarly discourses on drugs, the others to the literary discourses.

<sup>15</sup>David Lenson, *On Drugs*, (Minneapolis: University of Minnesota Press, 1995), p. x.

<sup>16</sup>Lenson, *On Drugs*, p. x-xi.

The scholarly discourses are mainly concerned with describing the primary or secondary effects of using psychoactive substances. Clinical studies and pharmacology belong to what I call the medicinal discourse on drugs. This discourse tries to describe the physical and psychological effects of a given substance on the user and, for some substances, also defines ‘proper’ uses. The last decades have seen many discoveries of how psychoactive substances interact with the body and how certain effects are produced, yet it is still impossible to predict how these effects are experienced by the user.

The third of Lenson’s genres has, in the last fifteen years, evolved into an important locus of research. While a number of important books on the topic have been written between the 1950s and the late 1980s, there has been a veritable ‘discursive explosion’ since the early 1990s.

Many sociological works deal with the drug user and the addict in their discussions of social deviance. The majority of the sociological books that focus exclusively on drug-related phenomena are concerned with the ‘treatment’ of the addict, i.e. methods aimed at assisting withdrawal schemes and ‘rehabilitating’ the addict. A notable early book that had a different aim was *Ceremonial Chemistry*<sup>17</sup> by the psychologist Thomas Szasz, who examined the social control produced by the discourses on drugs and saw the addict as the scapegoat victim of a ritual persecution.

Studies of the cultural and social history of psychoactive substances come in two flavours: those which try to give a general overview of the topic<sup>18</sup>, and those whose scope is limited, to certain psychoactive substances<sup>19</sup>, to a certain period of time and/or a certain country<sup>20</sup>, or to certain aspects of the cultural and social history, e.g. the economic aspects<sup>21</sup> of psychoactive substances.

The legal component of this genre should be divided into the juridical discourse, the one which actually ‘writes’ the laws that delineate legal and prohibited uses of psychoactive substances, and a legal discourse that analyses the juridical discourse.

Another strain of the scholarly discourses on drugs, omitted by Lenson, is the study of the works that belong to the literary discourse on drugs. Pioneer works in this field were

---

<sup>17</sup>Thomas Szasz, *Ceremonial Chemistry*, Revised Edition (Holmes Beach, FL: Learning Publications, 1985). First edition published 1974 by Anchor Press/Doubleday.

<sup>18</sup>Richard Rudgley, *The Alchemy of Culture: Intoxicants in Society*, (London: British Museum Press, 1993).

Stuart Walton, *Out of It: A Cultural History of Intoxication*, (Harmondsworth: Hamish Hamilton, 2001).  
Richard Davenport-Hines, *The Pursuit of Oblivion: A Social History of Drugs*, (London: Phoenix Press, 2002).

<sup>19</sup>E.g. Martin Booth, *Opium - A History*, (London: Simon & Schuster, 1996).

Patrick Matthews, *Cannabis Culture*, (London: Bloomsbury, 1999).

<sup>20</sup>E.g. Virginia Berridge, Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England*, (London: Allen Lane, 1981).

<sup>21</sup>David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World*, (Cambridge, MA: Harvard University Press, 2001).

Alethea Hayter's *Opium and the Romantic Imagination*<sup>22</sup> and some biographies of authors whose use of psychoactive substances was believed to have influenced their works. Since the mid-1980s, a stronger interest in the use of psychoactive substances as a cultural phenomenon has resulted in several studies which examine relationships between the use of psychoactive substances by authors and the literature they produce. These studies include collections of papers and essays<sup>23</sup>, as well as longer studies, which also examine the cultural and historical dimensions of the discourses on drugs, by Sadie Plant, who in *Writing on Drugs*<sup>24</sup> examines the influence of drugs, and of the writings on drugs, on culture and society, Marcus Boon<sup>25</sup>, who describes "the history of the connection between writers and drugs"<sup>26</sup> and Lawrence Driscoll<sup>27</sup>. The emphasis in his *Reconsidering Drugs* is on analysing and comparing the historical and present discourses on drugs, as represented in literary and non-literary texts, in order to enable a re-thinking on the subject of drugs. Two notable anthologies<sup>28</sup> of both fictional and non-fictional writings on psychoactive substances were published in 1999. None of these books analysing the literary discourse on drugs do so by keeping their attention focused on the addict and a comparative analysis of the representations of him in literature. Some acknowledge him to be an important figure in the literary discourses, but more often than not the attention to the addict has to take a step back behind the main issues of the books, he is at best one of many objects of analysis. This is a gap in the research of the literary discourse on drugs that I intend to start filling.

The remaining four genres belong to the literary discourses on drugs. While the genres proposed by Lenson make sense as a classification of the dominant themes in literary works on drugs, these works more often than not contain elements of more than one genre. The works of narrative literature that I examine belong primarily to the fourth and fifth genre. Some of the works are 'pure' fiction, but most of them are either autobiographically influenced fiction, or autobiographical works with an uncertain amount of fictionalisation.

In the following chapter I will provide a background and theoretical basis to my analysis

---

<sup>22</sup>Alethea Hayter, *Opium and the Romantic Imagination*, (Berkeley: Univ. of California Press, 1968).

<sup>23</sup>Sue Vice, Matthew Campbell, and Tim Armstrong, eds., *Beyond the Pleasure Dome: Writing and Addiction from the Romantics*, (Sheffield: Sheffield Academic Press, 1994).

Jane Lilienfeld, Jeffrey Oxford, eds., *The Languages of Addiction*, (Basingstoke: Macmillan Press, 1999).

<sup>24</sup>Sadie Plant, *Writing on Drugs*, (London: Faber and Faber, 1999).

<sup>25</sup>Marcus Boon, *The Road of Excess: A History of Writers on Drugs*, (Cambridge, MA and London: Harvard University Press, 2002).

<sup>26</sup>Boon, *The Road of Excess*, p. 6.

<sup>27</sup>Lawrence Driscoll, *Reconsidering Drugs: Mapping Victorian and Modern Drug Discourses*, (New York and Basingstoke: Palgrave, 2000).

<sup>28</sup>Mike Jay, ed., *Artificial Paradises: A Drugs Reader*, (Harmondsworth: Penguin, 1999).

Richard Rudgley, ed., *Wildest Dreams: An Anthology of Drug-Related Literature*, (London: Little, Brown, 1999).

of the representations of drug use and the addict in narrative literature. The first step will be to establish clear definitions of three important concepts that are often used in a variety of meanings: 'drugs', the 'discourse on drugs' and the 'addict'. The first subchapter (2.1) will examine some of the problems surrounding taxonomy, the classification of psychoactive substances. 2.2 gives a short history of opiate use and drug laws, with an emphasis on changes in the discourses on drugs, especially the juridical discourses, i.e. the history of the prohibitions of psychoactive substances. The major strategies of the constructions of the addict as the Other are the topic of 2.3, while 2.4 examines some of the implications and effects of the two dominant twentieth-century perceptions of the addict (as a criminal and as a patient who suffers from a disease), and will introduce the addiction attribution as one of the most important elements in the (self-)construction of an addict identity. The final part of chapter two focuses on the parallels to another 'deviant' identity that underwent similar transformations, from being perceived as an individual's action to a 'species' of deviants, from criminalisation to medicalisation to a freedom of choice and an official acceptance in many societies: the homosexual.

Chapter 3 traces the development of the representations of opiate users in narrative literature from the publication in book form of Thomas De Quincey's *Confessions of an English Opium-Eater* in 1822 to the end of the twentieth century. I focus on opiate users because opium and its derivatives have a long history of use in both Britain and the United States, resulting in a larger body of literature featuring the users of opium than those of other drugs. In addition, the stereotypes surrounding opiate users, which emerged at the end of the nineteenth century, and the stigmatisation of users, that reached an apex in the junky stereotype of the mid-twentieth century, have proved to be remarkably resilient to change. I have chosen to limit my study to narrative literature and to exclude drama and poetry. An initial search for plays with representations of drug use and users did not yield a satisfactory number of plays with detailed representations. In contrast, representations in poetry are more frequent. However, poetry usually focuses on an individual's experiences of the effects of certain drugs and only rarely reveals any information about societal attitudes towards drugs and the addict. Therefore it does not lend itself readily to the task at hand.

The choice of books discussed in this chapter is selective, they fall into one or more of the following categories:

1. Books that had a significant impact on the shaping of some aspects of the discourses on drugs.
2. Books that reflect important changes in the discourses on drugs that had occurred prior to their publication.

3. Books that contribute to a counter-discourse and reflect a perception of addicts or the use of drugs that is excluded from the dominant discourses on drugs or, in some cases, pre-figured later trends in the discourses on drugs.

In addition, I am interested in examining what Lenson calls “that forbidden focus, the *user’s point of view*”<sup>29</sup>. An important aspect of the user’s point of view are the self-constructions of identity by users and addicts. With one exception, the authors featured in this chapter are documented to have used or been addicted to opiates. This gives the characters, and in some cases the narrators, a credibility that is absent in most books by authors who base their representations of addict characters simply on the stereotypes present in the dominant discourses on drugs and not on personal experience. Credible self-constructions of addict identities can be found predominantly in narrative literature where the opiate-using characters are central to the plot and not mere props.

Thomas De Quincey’s *Confessions of an English Opium-Eater* was the first novel in which opium and its effects were presented from a user’s point of view. He writes about both negative and positive effects of opium and about the different uses of opium as a medicinal agent and a substance used for pleasure—what he calls the ‘stimulant’ use of opium.

*The Moonstone* by Wilkie Collins is a borderline case in the literature on opiates: most opium use represented in the novel is of a medicinal nature, yet it is also connected with the crime around which this first English detective novel revolves.

In Charles Dickens’ *The Mystery of Edwin Drood* the representations of opiate use are frequently melodramatic. The smoking of opium is associated with foreignness and considered a deviancy. It is one of the first novels in which opiate use is claimed to transform the user.

A refutation of many myths surrounding the use of opiates, like the belief in the impossibility of quitting opiate use and in opiates undermining the user’s will, can be found in Aleister Crowley’s *Diary of a Drug Fiend*. The novel mirrors many of the stereotypes about the drug user and tries to debunk them.

The autobiographical narrative *Underworld of the East* by James S. Lee presents addiction as the result of mismanagement of use. The author emphasises the importance of knowledge about drugs and the necessity of a care of the self to minimise the detrimental effects of drug use.

Nelson Algren is the only author in this chapter who is not known to have used opiates himself. His novel *The Man with the Golden Arm* is included as a representation of opiate use in a context of crime, and because it is close to the dominant discourses of the mid-

---

<sup>29</sup>Lenson, *On Drugs*, p. xvii.

twentieth century. Addiction is presented as a disease of will, leading the user along a slippery slope to his own destruction.

In contrast, William S. Burroughs emphasises that addicts are active in acquiring a habit. In *Junky*, the narrator displays a pattern of quitting and relapsing based on choice and not on some irresistible lure of opiates, yet at the same time he presents a medical model of addiction that is based on a metabolic 'need' for opiates. This medicalisation is a reaction to the 'official' redefinition of the user as a criminal.

*Cain's Book* by Alexander Trocchi is even more radical in his opposition to junky stereotypes. He asserts that the user has a choice that the dominant discourses deny him, and that the addict's choice frequently is to live as the Other inside society. This makes him critical of both the medical view of addiction, as well as the criminalisation of users. He exposes some of the dangers of prohibition and the detrimental effect of addicts' compliance with stereotypes.

On publication, Irvine Welsh's *Trainspotting* was praised as a realistic portrayal of the lives of addicts. However, this positive reception was due to the novel being close to the dominant discourses on drugs and frequently making use of addict stereotypes, e.g. when it emphasises the supposed pleasure produced by opiates, a notion that is absent from most other books discussed in this chapter. The novel nonetheless has some strong points when it describes some of the difficulties that the user has in justifying his choice and when it represents counselling situations and the problems that arise due to some characters' embracing of a stereotypical addict identity.

Ann Marlowe's *how to stop time: heroin from A to Z* is one of the most critical examinations of stereotypes surrounding the addict in narrative literature. Marlowe emphasises the ordering effects of opiates on the user's life as well as the importance of self-control and care of the self. She rejects the notion of addiction as an uncontrollable need and states that addiction as well as an acceptance or rejection of an addict identity are based on choice.

I will study these texts, as well as those analysed in chapter 4, with the following questions in mind: how are drugs and drug users represented? In how far do the texts contribute to a perception of the addict as the Other? Or do they rather try to disprove the discursive stereotypes that dominate the perception of the addict and try to contribute to a counter-discourse or a reverse-discourse? What kind of addict identities are used in the novel and what are the possible motivations for their use? Does the addiction attribution play a role in the self-identification of addict characters?

Chapter 4 tries to answer these questions from a different perspective. Instead of the diachronic approach of chapter 3 and limiting my analysis to opiates and opiate users, I focus on a group of authors that formed at a crucial period in the discourses on drugs, a pe-



riod that shaped the discourses for the remainder of the twentieth century, and pan around to observe the representations of a number of drugs. In the 1950s the users of drugs were first perceived as a subculture. This period also saw an increasing criminalisation of users. The authors of the Beat Generation were aware of these trends, yet frequently wrote about their experiences with the use of and addiction to drugs. They created a counter-culture that often broke with discursive conventions and, despite accusations of glorifying use, were remarkably objective and balanced in their representations of the effects of drugs. In addition, they were keen observers and critics of the dominant discourses on drugs. The emphasis in this chapter is the analysis of representations of drug use, users and addicts in selected novels by Jack Kerouac and William S. Burroughs. While Kerouac's novels focus on creating a 'legend' of his life and the Beat Generation, in both of which drugs played no small part, Burroughs' emphasis was on the effects of drug use and control. The analysis of these two authors' novels will be complemented by an analysis of another fictional perspective on the Beat Generation, John Clellon Holmes' *Go*, and of the (auto-) biographic works by Neal and Carolyn Cassady. A final chapter will sum up my findings about the different representations of drug using characters and addict identities.

Any study that, like this thesis, has a critical attitude towards the dominant discourses on drugs is liable to be criticised as being pro-drug. This criticism is based on the aforementioned propensity to believe that any contribution to the discourses on drugs has to be placed within a binary of pro- or anti-drug. There are, however more positions from which to contribute to the discourses. The perspective from which I write intends to break with some of the existing discursive practices that are based on stereotypes and the propensity to simplify the complex relationships between individuals and drugs. Following Driscoll, this can be called an "*anti-antidrug*" position<sup>30</sup>, which tries to make possible a re-thinking of the widely accepted paradigms and beliefs about drugs and their users that dominate the discourses on drugs. In the process of my 'rediscovery' of the addict, I will analyse representations of the addict that differ from the mainstream of the discourses on drugs (i.e. manifestations of counter- and reverse-discourses), featuring addict characters who do not "succumb to the pictures" that the dominant discourses construct.

---

<sup>30</sup>Lawrence Driscoll, *Reconsidering Drugs*, p. 21

## Chapter 2

### Dissident Realities

This thesis maps the processes in the discourse on drugs that have created addict identities by examining representations of drugs and their users in narrative literature. In order to build on a relatively firm ground, and to avoid some of the confusion that frequently surrounds discussions on drugs, I will start by defining the objects that I examine: drugs, the discourse on drugs, and the addict.

The constructions of the addict in literature cannot be studied without taking into account the non-literary discourses that shaped the perception of drugs and their users. The non-literary discourses will therefore be the focus of this chapter. In these discourses there is a remarkable variation between scientific exactitude and tactical arbitrariness. The resulting ambivalence becomes obvious when attempting to find an exact definition for a word like ‘drugs.’ The most general definitions allow the inclusion of any substance affecting a living organism, including nutrients and poisons, resulting in a meaning that is too broad to be useful when writing about drug users and addicts. Simply prefixing ‘drug’ with qualifying words, as in illegal drug or medicinal drug, is not helpful as a definition of the substances that, if consumed, make a person a drug user, and are therefore impractical for the task at hand. Both rely on explicit lists of substances (e.g. a pharmacopoeia or a ‘schedule’) that can be changed with the stroke of a pen. Substances that today are legal in Western societies, like tobacco, alcohol or coffee, were prohibited at some points in history, while some of the substances prohibited today were legal twenty or fifty years ago. This dynamic property of the concept of ‘drugs’ prohibits the use of a list of substances to define ‘drugs’.

Is there an alternative that can be used instead of ‘drugs’? Splitting the category ‘drugs’ into sub-categories like narcotics, stimulants or hallucinogens is impractical because, as I will show in section 2.1, they too are constructs that have been used in a variety of meanings and therefore confuse rather than clarify. Some scholars who write about ‘drugs’ try to avoid the negative associations that the word evokes in many people.

Richard Rudgley, in his *Encyclopaedia of Psychoactive Substances*, uses “psychoactive substance” rather than “psychoactive drug” and points out that “[a]lthough this alternative would be equally correct I have nevertheless avoided it, since the word ‘drugs’ conjures up the wrong sort of picture for many people. For drugs are not just used by addicts and criminals but all kinds of people, and I mean *all* kinds.”<sup>1</sup> He goes on to present a definition of psychoactive substances which shows that there are very few people in Western societies who could not be categorised as ‘users’ if this alternative to ‘drugs’ is used:

I define psychoactive substances as those that alter the state of consciousness of the user. These effects may range from the mild stimulation caused by a single cup of tea or coffee to the powerful mind-altering effects induced by hallucinogens such as LSD or certain mushrooms, in which profound changes may occur in the perception of time, space and self.<sup>2</sup>

Such a definition is politically correct and non-judgemental, but of limited use to me because it is precisely the perception of ‘drugs’ and their users as deviant that has contributed to the stereotypes that have shaped the addict identity. I will use the term ‘psychoactive substances’ to denote *all* substances that alter the user’s consciousness. While the search for an alternative term is not successful, it has pointed towards the perceived deviancy of ‘drug’ use and users as an essential component of a definition.

Sociology acknowledges that ‘drugs’ is a construct. “[T]he concept [of ‘drugs’] is a socially created identity; attitudes toward drugs come from the same source. No combination of chemical properties distinguishes drugs from nondrugs [. . .]. The term *drug* has certain socially determined and usually negative connotations.”<sup>3</sup> These connotations do not depend on the substance alone, but also on the effects intended by the user. For example Benzedrine, contained in inhalers that were sold freely in the fifties, would have been perceived as a ‘drug’ only if it was used to ‘get high’, and not if used as a nasal decongestant.

The absence of common pharmacological, biological or chemical properties that are shared by all of the substances so labelled and that would permit their classification as ‘drugs’, save that they have an effect on human neurochemistry (a property shared by many substances not labelled ‘drugs’), and the socially and culturally determined nature of the term, have led me to postulate the following definition:

A drug is a substance used in order to achieve an effect (of altering consciousness and/or perception) that is not accepted in the society that the user belongs to.

---

<sup>1</sup>Richard Rudgley, *The Encyclopaedia of Psychoactive Substances*, (London: Little, Brown, 1998), p. xi. Henceforth abbreviated as *EPS*.

<sup>2</sup>Rudgley, *EPS*, p. xi.

<sup>3</sup>Marshall B. Clinard and Robert F. Meier, *Sociology of Deviant Behavior*, (Fort Worth: Harcourt College Publishers, 1963 (eleventh edition: 2001)), p. 260.

This definition contains a deliberate ambiguity: the non-acceptance by society can refer to the substance or the effect. This allows me to write about e.g. morphine as a drug without having to explicitly exclude accepted uses.

Now that I have established a workable definition of ‘drugs,’ it is possible to clarify the meaning of ‘discourse on drugs.’ In this thesis I use a simple concept of discourse. A discourse is the set of possible statements about a certain topic; the knowledge, present or accessible, that provides the framework in which one can ‘make sense’ of things. Foucault wrote that “we must conceive discourse as a series of discontinuous segments whose tactical function is neither uniform nor stable.”<sup>4</sup> In the course of my study of the literary discourse on drugs, I have come across representations of drug use and users that are employed for many different reasons. While some authors tried to change the perception of drugs, others used representations of drug use to create a melodramatic atmosphere, or support existing prejudices against drug use. “Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it.”<sup>5</sup> These multiple effects are clearly visible in the discourse on drugs, where, since the early twentieth century, two different strains (medical and juridical) of this discourse have been utilised to produce effects of power (prohibitions, incarcerations) through mutual support, yet have also been used against each other to undermine those effects. This interconnectedness and the frequent interdependence produce the discourse as a whole.

To be more precise, we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant discourse and the dominated one; but as a multiplicity of discursive elements that can come into play in various strategies. It is this distribution that we must reconstruct, with the things said and those concealed, the enunciations required and those forbidden, that it comprises; with the variants and different effects—according to who is speaking, his position of power, the institutional context in which he happens to be situated—that it implies; and with the shifts and reutilizations of identical formulas for contrary objectives that it also includes.<sup>6</sup>

Although the term “dominant discourse” is, as the preceding quote shows, problematic, I nonetheless use it, but in a meaning differing from the one used by Foucault here. When I write about the ‘dominant discourses on drugs’ this does not mean that these discourses dominate others by suppressing them, but that they are the ones that make themselves heard more frequently and with greater ‘authority,’ i.e. from a position of greater power.

---

<sup>4</sup>Michel Foucault, *The Will to Knowledge - The History of Sexuality: 1*, (Harmondsworth: Penguin, 1998), p. 100.

<sup>5</sup>Michel Foucault, *The History of Sexuality: 1*, p. 101.

<sup>6</sup>Michel Foucault, *The History of Sexuality: 1*, p. 100.

In the discourses on drugs, the ‘addict’ plays a central role. He is the focus of much of the public attention given to drugs. But it is not the use of drugs itself that defines the ‘addict,’ nor the habituation to the use or its regularity alone. It is a certain myth that has been created around him, proclaiming him to be a deviant akin to the madman or the criminal delinquent, defining a stereotype:

public attitudes toward users of other drugs, particularly heroin, seem to reflect acceptance of a stereotype termed the “dope fiend myth” that views virtually all addicts as unproductive criminals. This stereotype has inspired a widespread and highly negative reaction to drug addicts, regardless of the drugs they use and other circumstances.<sup>7</sup>

Representations of the use of drugs in literature, the graphic arts and the media have been essential in turning drug use into a category of deviant behaviour and in scripting the users as deviants<sup>8</sup>. One only has to think of Hogarth’s engravings depicting the effects of cheap gin in order to realise that the representations connecting ‘low life’ and the use of drugs have been instrumental in creating demands for the control of drugs and those who use them.

While an interest in the effects of drugs had slowly increased from the early eighteenth century onwards, it was much later that drug use began to be seen as something that affected the identity of the user. The drug user/addict became “an object of observation, description, and analysis”<sup>9</sup> in the late nineteenth century.

The noun ‘addict’ belongs to the twentieth century. It is absent from Vol. I of the 1933 version of the *OED*, but makes its debut in the 1933 *Supplement*, where it is defined as “One who is addicted to the habitual and excessive use of a drug; chiefly with qualifying sb., as *drug, morphia addict*.”<sup>10</sup> The first documented use of the word is dated to 1909.

The *NSOED* defines the noun ‘addict’ as “A person who is addicted to a drug (usu. specified by prefixed wd); *colloq.* an enthusiastic devotee of a sport or pastime (usu. specified by prefixed wd).”<sup>11</sup> and gives as examples “*drug addict, heroin addict, jazz addict*”. While this use of “addict” is recent, the etymology of the word in the English language dates back to the early sixteenth century. Originating from the Latin *addictus*, the now obsolete participial adjective “addict”<sup>12</sup> was still free from negative connotations. The participial adjective was soon forced to compete with, and was finally replaced by, the ad-

<sup>7</sup>Marshall B. Clinard and Robert F. Meier, *Sociology of Deviant Behavior*, p. 262.

<sup>8</sup>I will take a closer look at the connection between the representations of deviancy and the perception of the addict as the Other in section 2.3 starting on page 41.

<sup>9</sup>Michel Foucault, *The Archaeology of Knowledge*, (London: Routledge, 1989), p. 41.

<sup>10</sup>*OED - Supplement and Bibliography*, (Oxford: OUP, 1933), p. 6.

<sup>11</sup>*NSOED*, p. 24.

<sup>12</sup>“Attached by inclination *to*, devoted *to*.” Used in this sense from the mid sixteenth to the late nineteenth century.

jective “addicted”<sup>13</sup>, from which the transitive verb “addict”<sup>14</sup> was inferred. The notion of a ‘compulsion’, present in the definition of these two words, already introduces a slightly negative connotation. In contrast, the modern ‘addict’, which emerged at the same time as the users of psychoactive substances underwent the transformation from practitioners of a deviant pleasure to a deviant character type, is heavily laden with negative misconceptions.

The main problem with the ‘addict’ and also ‘addiction’ is that these words are used for a complex that defies simple definitions. The *Encyclopaedia Britannica* explicitly points to the impossibility of arriving at a simple definition of ‘addiction’:

If opium were the only drug of abuse, and the only kind of abuse were one of habitual, compulsive use, discussion of addiction might be a simple matter. But opium is not the only drug of abuse, and there are probably as many kinds of abuse as there are drugs to abuse, or, indeed, as maybe there are persons who abuse. Various substances are used in so many different ways by so many different people for so many different purposes that no one view or one definition could possibly embrace all the medical, psychiatric, psychological, sociological, cultural, economic, religious, ethical, and legal considerations that have an important bearing on addiction. Prejudice and ignorance have led to the labelling of all use of nonsanctioned drugs as addiction and of all drugs, when misused, as narcotics. The continued practice of treating addiction as a single entity is dictated by custom and law, not by the facts of addiction.<sup>15</sup>

The concept of addiction has, in the twentieth century, been extended to the use of all drugs, as a result rendering the term ‘addiction’ impractical for scientific debates on the patterns of repetitive use of drugs without explicitly stating a definition of the term. Other concepts, such as ‘habituation’ or ‘drug dependence’ were created, originally to be able to distinguish between and allow for different patterns of use from those of opiate ‘addiction’. However, attempts at re-defining ‘addiction’, so that the new concepts could be subsumed under ‘addiction’, soon followed. It seems that the concept of ‘addiction’ was so conveniently negatively stereotyped, that some of those involved in the discourse on drugs were reluctant to let go of it.

In fact, many of the words and definitions used in connection with the non-medical use of psychoactive substances target an abundance of uses and abuses, and serve as facilitators for prohibitive legislation, like the World Health Organisation’s 1964 definition of dependence as

a state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterised by behavioural and other

---

<sup>13</sup>“Attached by inclination *to* (a practice); devoted *to*; doing or using something, esp. a drug, as a habit or compulsively.” Used from the mid sixteenth century onwards.

<sup>14</sup>“Devote or apply habitually or compulsively (*to* a practice).” Earliest use in the late sixteenth century.

<sup>15</sup>*Encyclopædia Britannica CD 2000*, (London: Britannica.co.uk Ltd., 2000), DRUG USE  $\Rightarrow$  THE NATURE OF DRUG ADDICTION AND DEPENDENCE.

responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects and sometimes to avoid the discomfort of its absence.<sup>16</sup>

In order to arrive at a working definition of the addict, I cannot rely on definitions of dependence alone. A vast majority of the population is dependent (i.e. compulsively uses a substance “in order to experience its psychic effects”) on the ‘milder’ psychoactive substances like coffee, tea, or chocolate, or exhibits a regular pattern of moderate use<sup>17</sup>, which might be interpreted as compulsive, of those substances that, despite their strong addictive potential and possible adverse effects on health, are legal and heavily taxed. Yet these patterns of behaviour are generally not considered to be a sufficient justification for calling a person an ‘addict.’ The strong negative connotations of the term ‘addict’ imply that the use of the substance entails negative consequences to the addict’s ability to conduct his or her life.

A helpful concept is that of “dysfunctional dependency,” referring “to behavioural syndromes that act to fulfill needs at the cost of the overall functional success of the agent/patient.”<sup>18</sup> In a purely medical or sociological context this could be an adequate working definition for the addict. But as I am writing about the constructions of the addict in literature, the representations of addicts are shaped by the perceptions of other characters, as well as those of the readers. A person who regularly uses coffee, for example, is not perceived to be a dysfunctional dependent and would not be called an addict (except to mock naive concepts of addiction), while some regular users of illegal psychoactive substances are perceived to be dysfunctional in spite of enjoying the same “overall functional success” as their coffee-drinking peers (at least until they come into conflict with the law, i. e. until negative sanctions are imposed on them because of the illegality of the psychoactive substance of their choice).

As the definitions presented so far have shown, most definitions of addiction struggle with the complexity of the phenomenon. They have in common that they try to give a scientific basis to a categorisation of behaviour. However, they are incapable of predicting when such a behaviour is actually perceived by a layperson as addiction: daily use of coffee can be identified as a ‘dependence,’ yet it is unlikely that this behaviour is seen as ‘addiction’ or that the person who exhibits such behaviour is called an addict. As I am primarily concerned with the (self-)identification as an addict by non-experts, a way of explaining why and when drug-taking behaviour is seen as addiction is necessary. This can be achieved by adapting some findings of attribution theory to the problem at hand.

---

<sup>16</sup>Quoted in Martin Booth, *Opium - A History*, p. 83.

<sup>17</sup>E.g. the regular consumption of a glass of wine with supper.

<sup>18</sup>Gregg Franzwa, “Aristotle and the Language of Addiction” in Jane Lilienfeld and Jeffrey Oxford, eds., *The Languages of Addiction*, (Basingstoke: Macmillan Press, 1999), p. 17.

Attribution theory examines “the ways in which people explain why things happen.”<sup>19</sup> That the explanations constructed for an action depend heavily on how it is perceived by an observer is illustrated by the ANOVA<sup>20</sup> model, proposed by H. H. Kelley in 1967. The model states that an explanation for a certain behaviour depends on a number of factors, three of which are relevant in the context of drug use<sup>21</sup>:

i) <i>consensus</i>	Is the action also done by others?	Yes ⇒ high consensus No ⇒ low consensus
ii) <i>consistency</i>	Is the action done repeatedly or regularly?	Yes ⇒ high consistency No ⇒ low consistency
iii) <i>distinctiveness</i>	Is the object of the action the sole recipient, or is it also done to others?	unique object ⇒ high distinctiveness one of many ⇒ low distinctiveness

Table 2.1: The dimensions of the ANOVA model.

Certain patterns of the three factors evoke explanations of behaviour that are frequently used to make inferences about the actor. Taking as an example the action ‘Peter kicks the dog’, if there is a low consensus (others don’t kick the dog), a high consistency (he frequently kicks the dog), and low distinctiveness (he also kicks other animals), we would probably explain the action as being caused by a negative property of Peter, e.g. he is aggressive or cruel to animals. Other constellations of the factors lead to different explanations: a combination of high consensus, high consistency and high distinctiveness can lead to the explanation that the dog is badly behaved and gets on everybody’s nerves, while low consensus, low consistency and high distinctiveness can cause the action to be interpreted as an accident (Peter didn’t watch where he was going and unintentionally kicked the dog). It is important to note that the model does not try to make any statements about actual causalities or the truthfulness of an explanation, but only examines, like attribution theory in general, “causal explanations as social constructions (reasons)” rather than “causal explanations as scientific statements (causes).”<sup>22</sup> Therefore the data that is used to determine the value (i.e. low or high) of the factors does not have to be based on actual observations, but can also be influenced by beliefs or opinions.<sup>23</sup> Davies adapts this model and proposes three properties which result in the explanation of the action of ‘using a drug’ as being due to ‘addiction’:

<sup>19</sup>John Booth Davies, *The Myth of Addiction*, p. 1.

<sup>20</sup>The name of the model derives “from a loose analogy with analysis of variance.” (Davies, *The Myth of Addiction*, p. 4.)

<sup>21</sup>Cf. Davies, *The Myth of Addiction*, p. 4-6. Davies presents this simplified version of the model to illustrate some mechanisms of attribution.

<sup>22</sup>Davies, *The Myth of Addiction*, p. 1.

<sup>23</sup>This makes the model a useful tool that can be applied to the analysis of literature, which provides data that frequently can not be classified as ‘true’ or ‘false’ from a scientific point of view. Literature mirrors ‘realities’ in a highly subjective manner, based on the author’s constructions of the characters’ perceptions.



- i) a person is felt by him/herself and by others to carry out some behaviour too often, whilst neglecting other perceived moral responsibilities.
- ii) the specific behaviour in question is seen by the larger society as shameful or morally reprehensible.
- iii) the behaviour itself has an impact on the individual involved, but has no *direct* impact on others.<sup>24</sup>

Davies also points out some similarities of these properties with the factors proposed by Kelley, i.e. statement i) resembles a high consistency factor, statement ii) reflects a perception of drug use as somehow deviant, resulting in a low consensus, and statement iii) indicates that drug use is highly distinctive since the object of drug use is only the user himself. The three statements can also be used to classify other drug-related behaviours that differ in one of the properties: if the behaviour directly affects other people (e.g. dealing in drugs, or the nineteenth century issue of ‘infant doping’), this “leads to the attribution ‘crime’ rather than the attribution ‘addiction’ ”<sup>25</sup>, while infrequent use could be attributed to curiosity or carelessness.

Based on these properties that produce the perception of drug use as due to addiction, I can now present a working definition of the addict that distinguishes him from a drug user.

An addict is a person who uses a socially and/or legally stigmatised drug on a regular, but not necessarily daily, basis and, as a consequence of this use, is perceived by others to be at least partly dysfunctional.

The definitions for the ‘addict’ and for ‘drugs’ that I have arrived at permit me to use these words without the vagueness that with which they are frequently used in the discourses on drugs. They constitute one important fundament on which I can base my examinations of narrative literature in chapters 3 and 4. The remainder of this chapter will provide theoretical structures that are necessary for my analysis of the texts, but will also have to present a sketch of the discursive ‘landscapes’ in which the texts were created.

The first section (2.1) will examine drugs: it gives a short overview of the ‘families’ of substances that the discourses on drugs distinguish between. This will be followed in 2.2 by an introduction to the ‘history’ of opiates and their use, and a description of some changes in the cultural and legal discourses on drugs. In 2.3 I will turn my attention towards the strategies that were used to represent drug users and addicts as individuals who belong to the Other and to transform them into deviants. Section 2.4 examines the effects that explanations for the behaviour of using drugs have on the (self-)identification as an

---

<sup>24</sup>Davies, *The Myth of Addiction*, p. 111.

<sup>25</sup>Davies, *The Myth of Addiction*, p. 112.

addict and how the different representations of addict characters in narrative literature influence the perception of addict identities. This chapter will close with an examination of some parallels that exist in the discursive production of the addict and the homosexual as two deviant identities in 2.5.

## 2.1 Narcotics, Stimulants, Psychedelics -

### An Introduction to the Different Types of Drugs

What are drugs? As I have shown in the previous section, answers to this question are not easy to come by without taking into account the perception of the substances in question by society. However, the most common definitions for drugs are based on explicit lists. Questions like ‘Which drugs produce similar effects?’ or ‘Are some drugs more dangerous than others?’ have led, at least over the last three centuries, to a variety of taxonomies and classifications of drugs, announcements and denial of kinships, laws and international treaties.

There are many different ways of classifying drugs. While all classifications are arbitrary constructs, the one most obviously so is that of using the categories legal and illegal. As Rudgley writes, there is no ‘reason’ behind this kind of classification, as the lawmakers would have us believe:

This tells us more about the society that so divides them than the actual nature of the substances themselves. For it cannot be readily assumed that the most dangerous, physically debilitating and addictive ones are illegal and the comparatively harmless ones are legal. [...] Neither tobacco nor alcohol can be considered harmless. Tobacco consumption is directly responsible for more deaths than all the other legal and illegal psychoactive substances put together. It is also extremely addictive. The problems caused by alcohol are more indirect; its excessive use leads to countless road accidents and violent incidents. It is sometimes said that if tobacco was introduced today as a new drug, then, with the medical knowledge we have now concerning its effects, it would never be made legal. This is almost certainly true. But it also shows the arbitrary nature of much legal taxonomy concerning such substances. What is legal in one era is illegal in another.<sup>26</sup>

Just as arbitrary is the ‘good drug/bad drug’ dichotomy eagerly accepted by many users of so-called ‘soft drugs.’ Drugs can be grouped according to origin (plant, animal, or synthetic), ‘addictiveness’ (tolerances developed, withdrawal symptoms, the effects as perceived by the user), potential uses (medical, cultural, recreational), the effects on the user’s body or psyche. This confusion leads to a plethora of misunderstandings, because in the usual disputes between ‘pro-’ and ‘antidrug’ the opponents can easily shift between categories in order to justify or criticise the legalisation of any drug with arguments like “If substance A is legal, then why is substance B illegal, because it is *just as natural, less addictive than, almost as widespread as, better for the psyche, . . .*”

The reason why it is hard to find two people who agree on the qualities of any drug, is that drugs, because they influence the perception of ‘reality,’ have such a deep impact

---

<sup>26</sup>Rudgley, *EPS*, p. xiii.

on the individual. They affect a part of the individual that is at the same time hidden from direct observation and there for all to see (as manifested in the individual's actions and behaviour), both internal to the user and in constant interaction with his surroundings.

The imperative of being 'scientific' when writing about psychoactive substances has led to the most widely accepted taxonomy of drugs being based on the effects on the psyche of the user. A tripartition into narcotics, stimulants and hallucinogens (or psychedelics) has been the result. However, it is impossible to say that a specific psychoactive substance has a certain effect as a mandatory consequence of its consumption, rather, one can find a wide variation of effects, which can be different from individual to individual, vary with the dose taken, and change over the period of time that a person is acquainted with any of the numerous substances. Consequently, the effects stated in literature can differ significantly from those that are stated in the 'scientific' discourse on drugs. I will point out these differences when they occur in the literary texts, because, apart from being individual variations, they can also be points of resistance and part of an attempt to formulate a counter-discourse, or exaggerations which support the dominant discourses.

The tripartition into narcotics, stimulants and hallucinogens is, as I will show in the section on narcotics, rather arbitrary. When reading a number of books on drugs, one will often find that a drug is placed in different categories by different authors. Thus the classification presented here may seem arbitrary or even wrong to some readers. I nonetheless feel it necessary to include a classification as a means of structuring this detour into the world of 'facts' about psychoactive substances. It is important to be aware that pharmacological 'truths' have little influence on the way a society reacts towards addiction. Thomas Szasz puts it this way:

[O]ur present attitudes toward the whole subject of drug use, drug abuse, and drug control are nothing but the reflections, in the mirror of "social reality," of our own expectations toward drugs and toward those who use them; and that our ideas about and interventions in drug-taking behavior have only the most tenuous connection with the actual pharmacological properties of "dangerous drugs."<sup>27</sup>

In the pharmacological literature on psychoactive substances one can find 'proof' for the many dangers of drugs, as well as for some merits; these proofs, however, have to be taken 'with a pinch of salt' by the non-expert on drugs: many studies that prove some dangers of a substance are carried out as animal tests, using doses of the substance that no human would use, unless intent on suicide. Furthermore, as the illegal psychoactive substances are generally considered dangerous, many studies are begun with the intention of proving or discovering dangers of a substance and carried out until the desired results are obtained, rather than trying to discover the (side-) effects of a normal dose on the user.

---

<sup>27</sup>Thomas Szasz, *Ceremonial Chemistry*, p. 180.

## Narcotics

The *New Shorter Oxford English Dictionary* offers two definitions for the noun “narcotic.” The first, dating the meaning to the late Middle English period (1350–1469), represents the sense of the word as it is most commonly used in scientific literature today, and in which I intend to use it here: “A drug inducing drowsiness, sleep, or anaesthesia when ingested or injected, *esp.* an opiate.” The second, originating in the US of the early twentieth century, is characteristic of the expansion of meaning that many words related to psychoactive substances have been subjected to in the late nineteenth and early twentieth century: “A drug affecting the mind and widely prohibited or controlled, but still sold and used illegally. Freq. in *pl.*, illegal drugs.”<sup>28</sup> The meaning of *a certain group of psychoactive substances* has been altered to allow for the meaning of *all restricted psychoactive substances*, thus implying that all such substances have the properties associated with narcotics. Words are used in a variety of meanings, with the new ones often diffusing the original significations. This is a widespread strategy in the discourses on drugs, a practice of multiplying the ways in which one can partake in the discourse on drugs, while actually reducing the possibility of a consensus on any specific topic within this discourse by producing polysemy.

Rudgley points out three different meanings of the word “narcotics,” beginning with the one closest to the original meaning as stated in the *NSOED*. “Narcotics are, strictly speaking, a distinct class of psychoactive substances that cause states of stupor, sleep and calm. Opium and its derivatives, such as heroin and morphine, are the narcotics *par excellence*.”<sup>29</sup> He goes on writing that “[t]o drug enforcement organisations narcotics means something rather different, for they refer to various ‘hard drugs’ – particularly heroin and cocaine – as narcotics. Cocaine is, in terms of its psychoactive effects, a stimulant rather than a narcotic.” This meaning confuses scientific classifications, despite being part of the ‘official’ discourse on drugs. The third meaning he gives for narcotics is its use by “many of the older generation of researchers (such as Richard Schultes, Weston La Barre and William Emboden) [...] as a general all-encompassing rubric for all psychoactive substances.”

As a consequence of this often confusing use of labels, it is most important to examine who uses a given label, and when and within which context (scientific, prohibitionist, among users) it is used, whenever coming across any of the collective terms for groups or categories of psychoactive substances, both in literary and non-literary discourses.

The British psychiatrist Ann Dally sees in this confusion one of the ‘anomalies’ in

---

<sup>28</sup>*NSOED*, vol. 2, p. 1884.

<sup>29</sup>Rudgley, *EPS*, p. 172.

connection with the discourses on drugs:

The anomalies include the term *narcotic*. The word traditionally refers to drugs named because they aid sleep (though it comes from the Greek *narke*, meaning stiffness or numbness). Yet in illegal drugs, ‘narcotics’ came to include substances such as amphetamines and cocaine, which are *stimulants*, have the *opposite* effect and actually *prevent* sleep. Even heroin and cannabis are not true narcotics. This has led to confusion. The word ‘narcotic’ acquired pejorative connotations about substances that were illegal or of which moralists disapproved. It really came to be used to mean ‘nasty’, ‘dangerous’, or simply ‘illegal’. There are now many different meanings of the word and few attempts to sort them out.<sup>30</sup>

The narcotics found most frequently in the literary discourse on drugs are the opiates. The representations of opiate use in literature have been essential in creating addict stereotypes and are discussed in chapter 3.

## Stimulants

The *NSOED* dates the word stimulant to the early eighteenth century and defines it as “[a]n agent that stimulates a person or thing; a stimulus. Now *esp.*, an alcoholic drink<sup>[31]</sup> or drug that stimulates bodily or mental activity.”<sup>32</sup> In *The Encyclopaedia of Psychoactive Substances*, Rudgley makes a division between the “more potent stimulants”<sup>33</sup>, cocaine and the amphetamines, and “milder stimulants” that “act as the fuel of everyday life”, namely betel, coca, qat, coffee and tea. The latter are, at least in those societies where their use is common, hardly ever considered to be drugs that cause problems. For this reason, and also because they seldomly occur in literature as ‘drugs,’ they will not be discussed here. However, in section 2.2, dealing with the history of psychoactive substances and their control, they will serve as examples for early prohibitions. Another widely used stimulant is tobacco, which I will likewise ignore here.

## Psychedelics

The psychedelic substances are most often referred to as hallucinogens, but this name is misleading. ‘Hallucinogen’ is etymologically a very recent word. The *NSOED* dates the word to the mid-twentieth century and defines hallucinogen as “Any substance which

---

<sup>30</sup>Ann Dally, ‘Anomalies in the ‘War on Drugs’’, in Roy Porter and Mikuláš Teich, *Drugs and Narcotics in History*, (Cambridge: CUP, 1995), p. 203.

<sup>31</sup>Alcohol, due to its action as a CNS-depressant, could also be classified, along with the opiates, as a narcotic.

<sup>32</sup>*NSOED*, vol. 2, p. 3061.

<sup>33</sup>Rudgley, *EPS*, p. 229

induces hallucinations when ingested.”<sup>34</sup> and a hallucination (in its medical or psychological sense, dating from the early seventeenth century) as “The apparent perception of an external object or sense-datum when no such object or stimulus is present; an instance of this.” However, the term ‘hallucinogen’ is a slight misnomer for many of the psychoactive substances to which it is applied. LSD, for example, considered by many to be the hallucinogen *par excellence*, only rarely produces true hallucinations, but rather “distortions or misinterpretations”<sup>35</sup> of actual sensory perceptions. The term psychedelic, i.e. “producing an expansion of the mind and widening of perception”<sup>36</sup>, is more appropriate, as the *Britannica* points out:

All these terms [hallucinogenic, psychotogenic, psychotomimetic] are borrowed from medicine and are closely identified with pathology. In this sense, all are negative. It has been suggested that these drugs be called psychedelic (“mind manifesting”). This term shifts the emphasis to that aspect of the drug experience that involves an increased awareness of one’s surroundings and also of one’s own bodily processes—in brief, an expansion of consciousness. The term also shifts emphasis from the medical or therapeutic aspect to the educational or mystical-religious aspect of drug experience. Only certain people, however, ever have a psychedelic experience in its fullest meaning, and the question of its value to the individual is entirely subjective. The possibility of dangerous consequences, too, may be masked by such a benign term. None of these terms, then, is entirely satisfactory, and one or two are distinctly misleading.<sup>37</sup>

The definition of psychedelic offered in the *NSOED* differs only marginally from the ones given so far: it defines the adjective “Of a drug: producing a change in, esp. an apparent expansion of, consciousness through greater awareness of sensations, emotions, and unconscious motivations (freq. through symbolic hallucinations)”; but also gives the meaning in which it was adopted by fashion and popular culture: “Imitating or inspired by an effect produced by a psychedelic drug; spec. having vivid colours.” The noun is defined in relation to the adjective as “[a] psychedelic drug”, but another (rare) meaning conflates the user in the same word “[a] person who takes a psychedelic drug or has a psychedelic lifestyle.”<sup>38</sup>

---

<sup>34</sup>*NSOED*, vol. 1, p. 1178.

<sup>35</sup>Simon Wills, *Drugs of Abuse*, (London: The Pharmaceutical Press, 1997), p. 79.

<sup>36</sup>Wills, *Drugs of Abuse*, p. 79.

<sup>37</sup>*Encyclopædia Britannica CD*, DRUG USE  $\implies$  HALLUCINOGENIC DRUGS.

<sup>38</sup>*NSOED*, vol. 2, p. 2400.

## 2.2 A short History of Opiate Use and Drug Laws

Although drugs have been used by man for millenia, there is a propensity in many debates about drugs and how to deal with their use and users to ignore the historical developments that have led to some of the current problems. This sometimes leads to a rather blinkered point of view: some authors, including Wills, deny that there is such a thing as ‘drug use’, and insist that there can only be ‘abuse’ of psychoactive substances:

The term ‘drug abuse’ is viewed by some as inappropriate because it can be seen as judgemental. However, alternatives are not very satisfactory. ‘Drug use’ is bland and fails to separate medicinal agent from recreational drug. ‘Drug misuse’ tends to imply that a drug has a proper use and is being employed for an incorrect purpose. For many illicit substances there are no ‘correct’ uses — the sole use is as psychoactive drug.<sup>39</sup>

This leads to some absurd statements. Although Wills has previously referred to the ritual *use* of psychoactive mushrooms, he returns to his anti-drug rhetoric when he writes about peyote that “[t]he plant has been abused for at least 10 000 years by New World peoples such as the Aztecs.”<sup>40</sup> To imply that the ritual use of a psychoactive substance is abuse, is ridiculous, as would be labelling the priest’s use of wine during mass as ‘drug abuse’. Wills’ statement reflects a medical point of view that sees medicinal use as the only legitimate application of drugs. However, the use of drugs for other reasons, in particular for producing ‘pleasurable’ effects, has throughout history been so frequent, that the desire to alter consciousness can seem like a universal human characteristic.

This section focuses on two aspects of the history of drugs: the history of opium, particularly its use in Britain until the mid-nineteenth century (leading up to and slightly overlapping the period when it entered the literary discourse discussed in chapter 3), and the history of international treaties and the laws in Britain and the United States that prohibit the use of drugs.

Over the millennia, the use of and knowledge about psychoactive substances was passed from group to group, from culture to culture. Knowledge about drugs often had a profound impact on lifestyles; Rudgley states that there is evidence suggesting that the change from nomadic to sedentary lifestyle “was not undertaken solely in order to ensure a steady supply of staple crops” and reports of “evidence of recent hunting and gathering societies that disdained the labours of agriculture but yet compromised their foraging way of life to ensure a steady supply of psychoactive substances.”<sup>41</sup>

Although such a major change in lifestyle was rare, the introduction of a ‘new’ drug always left traces in a society. The new commodities (e.g. coffee or tea) were central to

---

<sup>39</sup>Wills, *Drugs of Abuse*, p. 2.

<sup>40</sup>Wills, *Drugs of Abuse*, p. 186.

<sup>41</sup>Rudgley, *EPS*, p. xii.



the expansion of colonial trade and for most states a handy source of tax revenue. Patterns and customs of drug use and drug using sub-cultures developed in the different strata of society, depending on the rise and fall of prices, availability and legal status.

The history of opium is a showcase for the many conflicting interests that influence the use and prohibition of psychoactive substances. The use of opium pre-dates written records about it: Rudgley reports that there are finds from a burial site in Spain, “dated to around 4,200 BC”, that indicate the ritual use of opium<sup>42</sup>. Early written evidences of the use of opium are attributed to Erasistratus (fifth century BC), Dioscorides (ca. 40-90 AD)<sup>43</sup>, Theophrastus (371-287 BC)<sup>44</sup>, and Diagoras of Melos (second century BC). The addictive potential of opium was already known to Diagoras of Melos, but this did not hinder the success story of opium, which was given an additional boost by the ‘invention’ of laudanum<sup>45</sup> by Paracelsus (1493–1541). For about two millenia, opium was used widely in medicine. It was a panacea, frequently praised and prescribed for a plethora of ailments. Nonetheless, the praise for opium was sometimes accompanied by a caveat that mentioned the potential negative effects of prolonged use, as in the following description of the effects of opium by Linnaeus:

Opium dispels cares, sadness and fear of dangers; it induces gaiety, laughter, forgetfulness, stupidity, frenzy [. . .]. If, however, a larger dose than is proper is taken, it causes a dilation of the pupil, redness in the face, stuttering, hic-coughing, loosening of the jaw, and other such ill effects. Those who use this heroic drug for a long time become as a result dull, sluggish, stupid, speechless, thin, melancholic, tremulous with premature old age; but taken properly in reasonable doses, it is a heroic medicine, and is a more powerful dietetic restorative than anything else hitherto known [. . .].<sup>46</sup>

As a result of its widespread use, many of those to whom it was administered regularly and in sufficiently large doses became addicted.

The widespread use of opium produced a comparatively large population of addicts from the Middle Ages onwards, although most were from the upper classes who could afford medical treatment: it is recorded that some addicts took as much as 40 grams a day, but this would have been mixed with wine or as a tincture of opium, not neat. On the other hand, the peasantry were kept blissfully ignorant of opium’s enslavement by way of their poverty.<sup>47</sup>

However, no steps were taken to outlaw opium or its use, since addiction was limited to a small section of society and was not felt to pose a threat. The case was different when opium was made available to a larger proportion of the population.

---

<sup>42</sup>Rudgley, *EPS*, p. 181.

<sup>43</sup>Booth, *Opium - A History*, p. 17.

<sup>44</sup>Szasz, *Ceremonial Chemistry*, p. 184.

<sup>45</sup>I.e. opium mixed with alcohol.

<sup>46</sup>Carl Linnaeus, *Inebriantia*, (1762), in Mike Jay, ed., *Artificial Paradises*, p. 9.

<sup>47</sup>Booth, *Opium - A History*, p. 24.

Mordecai Cooke, in his *Seven Sisters of Sleep*, uses a quote from a Chinese petition to the Emperor which can serve as an example of the representation of a drug used “as a means of subjugation” by the English: “In introducing Opium to this country, their purpose has been to weaken and enfeeble the Central Empire. If not early aroused to a sense of our danger, we shall find ourselves, ere long, on the last step towards ruin.”<sup>48</sup>

That psychoactive substances can be used as a means of control is nothing new, born of the so-called ‘psychological warfare’, but rather a common method of destabilisation, for the introduction of large amounts of substances hitherto prohibited, or whose use was limited to certain segments of the population, can have a tremendous impact on sections of the population. In China, opium had already been used for centuries, when the above claim was made; Martin Booth dates the introduction of opium to China, by Chinese seafarers or merchants who travelled as far as Africa and central Asia, to between the third century BC and the first century AD<sup>49</sup>. This early use of opium did not cause grave problems:

Opium use was not widespread and restricted to an upper class élite who could afford it: most of the population, being semi-literate or illiterate, had not heard of it. [...] The exclusivity of opium, which was eaten, meant very few people were addicted. However, this was to change when a particularly unique new vice, originating in the New World, was introduced to China by European sailors. It was smoking.<sup>50</sup>

Tobacco had been introduced to China around 1620, and, in the 1660s, tobacco mixed with opium from India. A short-lived prohibition of tobacco, decreed by the Emperor Tsung Cheng, led many to continue the smoking habit using opium on its own. This practice soon spread and in 1729 the smoking and selling of opium, except when used as medicine, was prohibited by the then emperor, prescribing draconic penalties for those profiting from the trade in opium. However, the importation of opium was not prohibited until 1799, and, despite the prohibition, the trade in it continued to flourish: from 200 chests of opium imported in 1729, the amount rose to over 30,000 chests around 1835. The East India Company had started to export Indian opium to China in the second half of the eighteenth century, and despite the illegality continued the profitable trade, although often by proxy. The conflict between the Chinese authorities and European traders, especially the British merchants, led to the First Opium War in 1839. After the Treaty of Nanking ended the war, in August 1842, the trade in opium resumed and continued to flourish. The continuing conflicts resulted in the Second Opium War from 1856 to 1860. The Convention of Peking, the treaty ending this war, legalised the opium trade *de facto*.

---

<sup>48</sup>Mordecai Cooke, *The Seven Sisters of Sleep*, (Rochester, Vermont: Park Street Press, 1997), p, 111; Originally published: (London: Blackwood, 1860).

<sup>49</sup>Booth, *Opium - A History*, p. 104-5.

<sup>50</sup>Booth, *Opium - A History*, p. 104-5.

Meanwhile, opposition to the opium trade had begun to be voiced in Britain, by individuals and groups, like the Anglo-Oriental Society for the Suppression of the Opium Trade (founded in 1874), who opposed the trade on moral and humanitarian grounds<sup>51</sup>. This provoked many supporters of the trade to defend it, some of them using a strategy that is still popular today among many who favour the legalisation of a psychoactive substance, comparing the use of the criticised substance with that of a widely accepted, ‘indigenous’ substance: “if opium was injurious, it was no more so than alcohol was in Britain: indeed, if anything, it was less so, for an opium addict was not noisy and beligerent like a drunkard.”<sup>52</sup> When the official trade in opium from India to China finally ended in 1909<sup>53</sup>, the still present demand for opium by the addicted population resulted in the re-establishment of a flourishing illegal trade.

In contrast to the widespread smoking of opium for pleasure in China, the use of opium in Britain was, on the surface, a medical matter. Used widely from the Middle Ages onwards, it was seen as a panacea. To most of those who could afford medical treatment, the addictive potential of opium posed little threat, unless it was prescribed against a chronic ailment. Because opium was the most effective pain killer, addiction was considered to be an acceptable side effect. This became especially apparent in the medical discourse on opium in the eighteenth century. In 1700 a Dr John Jones published a book which Booth considers to be “perhaps the earliest book specifically dealing with opium”<sup>54</sup>, *Mysteries of Opium Reveal’d*. Jones wrote about both the medical uses of opium and its positive and pleasurable effects, and also about the risk of addiction (according to Booth he was “[a]lmost certainly an addict himself”<sup>55</sup>) and withdrawal symptoms, and states that “[i]t has been compared (not without good cause) to a permanent gentle degree of that pleasure which modesty forbids the name of ...”<sup>56</sup>. This is probably the first written comparison in English between the pleasures offered by a psychoactive substance and those of sex. This connection between sex and drugs did not yet give rise to concerns that psychoactive substances might ‘corrupt’ the user. This favourable perception of opium was common throughout the eighteenth century:

Attitudes towards opium persisted broadly unchanged through the eighteenth century, although occult considerations were abandoned as scientific study increased. Medical writers began to assess opium, investigate and even criticise it. [...] George Young, in his *Treatise on Opium* published in the 1750s and Dr Samuel Crumpe, in his *Inquiry into the Nature and Properties of Opium*

---

<sup>51</sup>Booth, *Opium - A History*, p. 153.

<sup>52</sup>Booth, *Opium - A History*, p. 153-4.

<sup>53</sup>Booth, *Opium - A History*, p. 158.

<sup>54</sup>Booth, *Opium - A History*, p. 31.

<sup>55</sup>Booth, *Opium - A History*, p. 31.

<sup>56</sup>Quoted in Booth, *Opium - A History*, p. 31.

in 1793, indicated the main features of addiction and touched upon the problems of withdrawal, but neither showed any sense of moral condemnation for either medicinal or recreational use. Crumpe went so far as to admit he had taken opium frequently and experienced its euphoria: there was no suggestion he took it to treat an ailment.<sup>57</sup>

Close to the end of the eighteenth century, opium became popular among authors of the Romantic Period. In a society that thought of hedonistic opium use as “a peculiarly Eastern custom, a quaint pastime or an eccentric vice”<sup>58</sup>, the publication of Thomas De Quincey’s *Confessions of an English Opium-Eater* in 1821 stirred up discussions of the merits and dangers of opium. I will deal in more detail with the influence of De Quincey and some of his contemporaries on the perception of opium and its users in the next chapter.

During the nineteenth century, the amount of opium imported to Britain increased and the tax imposed was lowered (and finally abolished in 1860), resulting in an increased use as an effective medicine, but also as a relatively cheap intoxicant. In some areas of Britain, especially in the Fens<sup>59</sup>, opium use became almost as common as drinking alcohol, resulting in addiction for many. Opium began to be perceived as a problematic substance and the first steps towards regulating its use were made, starting with the 1857 Sales of Poisons Bill and culminating in the international treaties of the twentieth century. This resulted in a change in the perception of drug users:

a common Victorian habit, taking a so-called ‘narcotic’ – opium or cocaine – to relax, which in many could be compared to a couple of pints of beers or a gin and tonic, came to be regarded as a sin and a crime. Addicts, formerly objects of mild disapproval, rather like drunks or smokers today, were gradually turned into criminals and outcasts.<sup>60</sup>

It was not only the perception of drug users that had undergone a change prior to the mid-twentieth century. Both the nature of the opiates that were consumed, and a new way of administration played an important part in changing the previously rather benign attitudes towards the use of opiates. The isolation of morphine, the most potent of the alkaloids found in opium, by the German pharmacist Wilhelm Sertürner (as to the date of this discovery my sources differ: Wills<sup>61</sup> and Booth<sup>62</sup> date it to 1806, the *Encyclopædia*

---

<sup>57</sup>Booth, *Opium - A History*, p. 33.

<sup>58</sup>Booth, *Opium - A History*, p. 34.

<sup>59</sup>Booth, *Opium - A History*, p. 56-8.

<sup>60</sup>Ann Dally, ‘Anomalies in the ‘War on Drugs’’, in Roy Porter and Mikuláš Teich, *Drugs and Narcotics in History*, p. 203-4.

<sup>61</sup>Wills, *Drugs of Abuse*, p. 22

<sup>62</sup>Booth, *Opium - A History*, p. 68.

Britannica to 1803<sup>63</sup> and Walton to 1805<sup>64</sup>) and the introduction of the hypodermic syringe into medical practice after 1845 facilitated the administration of large doses<sup>65</sup> and therefore increased the likelihood of addiction. During the American Civil War the frequent administration of morphine led to the first wave of addicts in America, according to the *Britannica* about 400.000 soldiers returned from the war addicted to morphine. At the end of the nineteenth century another substance accelerated the change in the attitudes towards opiates: diamorphine, better known under the name given by the pharmaceutical firm Bayer to its product — heroin.

One effect of heroin, as well as of other opiates, is physical dependence. The image of heroin as the ‘most addictive’ drug is widespread, but currently there is a trend to assign this label to free base cocaine/‘crack’, a result of the attention of the media to the increasing popularity of ‘crack’ in the 1980s and 1990s. Nonetheless, the perception of the addict is still shaped predominantly by our knowledge (or lack thereof) about opiate dependence, which is based on two components:

1. Receptor tolerance. After prolonged use of opiates, a tolerance develops in the receptors, and the sought effects cease to be felt in the desired intensity. This leads the user to increase the dose, but the tolerance redevelops, resulting in yet another increase of the dose. This can be repeated until permanent tolerance to the positive effects of opium develops.
2. Withdrawal reaction. When the regular use of opiates is discontinued, withdrawal reactions are the result. The avoidance of these reactions is the reason why users continue to take opiates once the tolerance to the pleasurable effects has developed (negative rather than positive reinforcement). Acute withdrawal can last from 7 to 13 days, with the strongest reactions taking place after 36 to 72 hours of abstinence.<sup>66</sup>

These physical effects, in particular the withdrawal reaction, are a basis for the perception of addiction as a disease and of the addict as a patient. While the withdrawal symptoms are often described as horrific (see my discussion of *Trainspotting* in chapter 3), and are often cited as being the major factor in dependence (i.e. the addict keeps taking heroin in order to avoid withdrawal symptoms), some scholars reject this view:

[A]lthough the symptoms of withdrawal are distressing, they are generally no worse than a bad case of gastrointestinal influenza, and, in any event, largely

---

<sup>63</sup>*Encyclopædia Britannica CD 2000*, NARCOTIC

<sup>64</sup>Walton, *Out of It*, p. 113.

<sup>65</sup>Rudgley, *EPS*, p. 134

<sup>66</sup>Cf. Wills, *Drugs of Abuse*, p. 27-8.

disappear within 10 days. Thus, unless other potent satisfactions were derived from the narcotic habit, it is difficult to believe that any individual would be willing to pay the fantastic price of the drug and risk imprisonment and social ostracism merely to avoid a moderately severe 10-day illness.<sup>67</sup>

The representation (and the exaggeration) of the ‘horrors’ of withdrawal has to be viewed in the context of the self-representation of the addict as a patient. In 2.4 I will analyse the benefits that such self-representations have for a user, in particular when the alternative representation of drug use as a volitional behaviour would result in the user having by far greater problems of explaining his frequent breaching of laws.

Legal restrictions concerning the use of drugs have a long history, and taking various forms — ranging from taxation, limiting the legal use of psychoactive substances to those who could still afford to pay the increased price for them, to capital punishment — have had a great influence on the habits of consumption. But it was only when international treaties and national laws outlawed the use of certain substances, that the user was transformed into an actual criminal. Early landmarks in the international regulation of the use of psychoactive substances were the International Opium Commission (Shanghai, February 1909 — resulting only in a recommendation to governments “that it is highly important that drastic measures should be taken by each Government [...] to control the manufacture, sale and distribution of this drug”<sup>68</sup>), the conference at The Hague (December 1911 to January 1912 — a convention, to be later ratified by the participating governments and aimed at controlling opium production and prohibiting non-medical use, was formulated), and the International Opium Conference (Geneva, November 1924 — government control through licensing, as well as prohibition of re-exports). The 1961 Single Convention on Narcotic Drugs merged all the resolutions of the international drugs conferences since 1912, introduced international restrictions on the use of cannabis and on coca-leaf chewing, and founded the International Narcotics Control Board (INCB).

In the United Kingdom, the restriction of the sale of opium was first attempted with the Sales of Poisons Bill of 1857, but it was found to be inapplicable because the bill would have required chemists to keep opiates under lock and key — most inconvenient for a commodity that was in constant demand as a “cure-all”<sup>69</sup>. The first actual restrictions on who could buy and sell opium (and some other substances) were imposed with the 1868 Poisons and Pharmacy Act, yet convictions for breaches of the regulations were few, and the only significant effect was, according to Walton, a reduction in infant mortality

---

<sup>67</sup>David P. Ausubel, ‘Causes and Types of Narcotic Addiction: A Psychosocial View’, (1961), reprinted partly in Mike Jay, ed., *Artificial Paradises*, p. 276-7.

<sup>68</sup>Quoted in Booth, *Opium: A History*, p. 181.

<sup>69</sup>Walton, *Out of It*, p. 164.

due to opium poisoning. The next step towards the current drug laws took place nearly fifty years later, with the formulation of the Defence of the Realm Act, section 40B, in 1916. DORA 40B was the first piece of British legislation to make the possession of some psychoactive substances a criminal offence, due to the realisation that the sale of psychoactive substances had shifted from the pharmacies to the streets<sup>70</sup>.

In 1971 parliament made the next big step in anti-drug legislation when it passed the Misuse of Drugs Act, which introduced the division into Class A, B and C substances, based on their perceived dangers. This introduction of a taxonomic system was “aimed at making the laws against drugs appear scientifically founded”<sup>71</sup>. Almost needless to say that none of the laws passed in the UK against the use of psychoactive substances had a significant effect on reducing the number of offences against them.

In the US the legislation restricting the use of psychoactive substances has a similar history. From the middle of the nineteenth century, a Temperance movement established itself, which, despite its name, did not advocate temperate use, but called for a complete prohibition of alcoholic drinks. The Temperance movement’s belief, “that there was no such thing as restraint or moderation in the use of intoxicants”<sup>72</sup>, laid the foundations for the still widespread belief that complete prohibition is the only effective method of controlling the use of psychoactive substances. Although this belief in the effectiveness of prohibition might have been shattered by the ineffectiveness of the legal prohibition of alcohol, which started with the Volstead Act of January 1920 and ended when the Volstead Act was repealed in 1933, it survived and became the stock-in-trade of most later efforts to restrict the use of drugs. As a by-product, the prohibition had led to the establishment of some of the first criminal organisations whose power and influence derived from their dealings in an illegal psychoactive substance.

The Temperance movement’s ‘moral’ reasons for desiring the controlling of a psychoactive substance were not the only ones to be found in American society. From its foundation in 1852, and manifest in its 1856 constitution, the American Pharmaceutical Association had a mainly economic interest in a controlled traffic in psychoactive substances, which were at the time still mainly sold as medicine, and often, in the form

---

<sup>70</sup>Walton also gives three other main reasons for the formulation of DORA 40B, namely highly publicised deaths due to drugs, the possible undermining of soldiers’ morale, and, significantly, the involvement of immigrant communities in the distribution of psychoactive substances and the involvement of white girls with male immigrants: “it wasn’t just their bloodstreams that the politicians wanted to protect. They were seen as sexually vulnerable to their black- and yellow-skinned companions, on the one hand the carnal rapacity of the obscenely endowed Negro, and on the other to the vile, hyper-imaginative sadism of the Chinaman.” (Walton, *Out of It*, p. 165)

<sup>71</sup>Walton, *Out of It*, p. 167.

<sup>72</sup>Walton, *Out of It*, p. 149.

of patent medicines (without the contents being named<sup>73</sup>), freely available to anyone in stores or by mail order. One of the Association's aims was "[t]o as much as possible restrict the dispensing and sale of medicines to regularly educated druggists and apothecaries."<sup>74</sup> While this cannot be interpreted as mainly geared towards monopolising the market for psychoactive substances, it can serve to show that there often were several organisations who, for different reasons, called for the control of psychoactive substances. Rather than there being one driving force behind any legislative step towards the control of psychoactive substances, there were, more often than not, fragile coalitions of groups and organisations.

The first piece of national legislation that targeted psychoactive substances other than alcohol and which was not motivated by xenophobia or racism (see the next section), was the 1914 Harrison Narcotic Act, which controlled the sale of opiate-based substances. In 1930, the Federal Bureau of Narcotics was formed and the former prohibition agent Harry J. Anslinger was appointed as its first commissioner. Anslinger was to become one of most prominent advocates of strict laws controlling psychoactive substances and punishing the user, and frequently and eagerly used the yellow press to create an atmosphere of fear about drugs in the readers. The ruthlessness of this alliance between the media and the FBN can be best seen in the context of the drive to outlaw marijuana use<sup>75</sup>. While in the early 1930s Anslinger thought his FBN had enough trouble trying to destroy the trade in opiates and cocaine, publicly dismissing the notion that marijuana use led to the use of other drugs, by the mid 1930s he saw in a drive against marijuana a chance to extend his power and influence, not to mention a strengthening of the FBN (involving substantially increased funding over the next decades). During this drive, which lasted into the late 1950s at least, he frequently 'leaked' stories to the (not only yellow) press about shocking violent crimes allegedly committed under the influence of marijuana. A particularly vivid example of such an article was 'Marihuana: Assassin of Youth'<sup>76</sup>, which was published almost simultaneously with the passing of the Marijuana Tax Act in 1937, breaking ground for it in public opinion<sup>77</sup>. Anslinger continued to write against marijuana and depicted it as having generally depraving effects: "While opium can be a blessing or a curse, depending on its use, marihuana is only and always a scourge which undermines

---

<sup>73</sup>This changed in 1906 with the first Pure Food and Drug Act, which introduced compulsory labelling and listing of contents. (Cf. Szasz, *Ceremonial Chemistry*, p. 195.)

<sup>74</sup>Quoted in Szasz, *Ceremonial Chemistry*, p. 190.

<sup>75</sup>Cf. e.g. Davenport-Hines, *The Pursuit of Oblivion*, p. 275ff.

<sup>76</sup>Harry J. Anslinger with Courtney Ryley Cooper, 'Marihuana: Assassin of Youth', first published in *American Magazine*, July 1937, p. 18-19, 150-53, reprinted in David F. Musto, ed., *Drugs in America: A Documentary History*, (New York: New York University Press, 2002), p. 433-40.

<sup>77</sup>The Marijuana Tax Act was ruled to be unconstitutional by the Supreme Court in 1960. Cf. Walton, *Out of It*, p. 167.



its victims and degrades them mentally, morally and physically”<sup>78</sup>.

The most important step in the legislation was the 1970 Comprehensive Drug Abuse Prevention and Control Act, which introduced five ‘schedules’ of drugs. Psychoactive substances were grouped in the schedules “depending on the potential for abuse and dependency and the accepted medical use of each drug”<sup>79</sup>, restricting or prohibiting the use according to the taxonomy.

There is, however, one very important difference between the histories of drug legislation in the United Kingdom and the US. In the United Kingdom, the early laws mainly targeted the production of and trade in psychoactive substances, while the user was considered to be the victim of a medical condition rather than a criminal. This was due to the Rolleston Committee report of 1926.

Addicts were to be considered patients not criminals and it was agreed a doctor could maintain an addiction without fear of prosecution if the patient could not otherwise survive. These decisions have shaped attitudes towards addiction in Britain ever since because, in effect, the committee had made it official policy to treat addiction as a medical rather than a law-enforcement matter.<sup>80</sup>

As a result, the ‘War on Drugs’ has been waged with less ferocity in the UK than in the US, where the use of psychoactive substances was a criminal offence and the user treated as a criminal. As early as 1930, 35 per cent<sup>81</sup> of the prisoners in the US had the Harrison Narcotic Act to thank for their prison sentence. The Act was fundamental to cementing the image of the addict as a criminal.

With hindsight, it can be argued the Harrison Act was positively harmful. It forced addicts across the legal divide, criminalising them and causing them to seek underworld drug supplies. It also consolidated the connection between the addict and the criminal which had always been there, but was weak in the face of a legitimate or semi-legitimate drugs trade. In the eyes of the public, the act tarred all addicts with the same brush, be they down-and-out petty criminals or members of the establishment. [...] The Act exacerbated, even exaggerated the situation by giving drugs the status of illegality, suggesting the problem to be greater than it was and providing criminals with a new commodity.<sup>82</sup>

The British attitude to the user as a patient made it possible to try out approaches of heroin maintenance that aimed at actually helping the addict and not to ‘correct’ him. Although

<sup>78</sup>H. J. Anslinger, William Tompkins, *The Traffic in Narcotics* (1953), p. 21; quoted from Davenport-Hines, *The Pursuit of Oblivion*, p. 286. Davenport-Hines draws the conclusion from the quote that “[s]uch exaggeration meant that drug-users, and inquisitive young people, discounted all official advice on drugs, and relied for information on each other.”

<sup>79</sup>Quoted in Walton, *Out of It*, p. 167.

<sup>80</sup>Booth, *Opium - A History*, p. 218.

<sup>81</sup>Booth, *Opium - A History*, p. 202.

<sup>82</sup>Booth, *Opium - A History*, p. 202.

heroin maintenance was outlawed in 1967, Dr John Marks was allowed to practice the maintenance approach at a unit in Widnes on Merseyside from 1985 to 1990. However, due to diplomatic pressure from the US, who were intent on continuing their 'War on Drugs', he had to switch to a methadone maintenance and the programme was closed in 1995. The results of this programme were impressive:

Within the five years that Dr Marks's invaluable work was allowed to continue unmolested, Widnes enjoyed a 96 per cent reduction in thefts and break-ins, a 92 per cent reduction in new cases of addiction, a reduction in the incidence of drug-related HIV acquisition to zero, and a reduction in the numbers of premature deaths from heroin overdose to zero.<sup>83</sup>

What this clearly shows is that approaches other than criminalisation are worth experimenting with. If the aim of legislation were the actual reduction of harm done due to addiction, such approaches would be tried more often and the legal barriers to them diminished. Unfortunately, the 'War on Drugs' has been waged for over thirty years and the criminalisation of the user has carried on for almost ninety years, leading to a situation where a refutation of the 'war' would be impossible in the face of the suffering it has caused.

---

<sup>83</sup>Walton, *Out of It*, p. 187.

## 2.3 Outsiders – Drugs and Addicts as the Other

The construct of the addict has been shaped by many different discourses: medical and pharmacological, moral and juridical, through representations in the mass-media and in literature. All of these discourses have contributed to making the addict one of those identities that are not approved of by western societies. While the creation of the addict as an identity can, as my discussion of the representations of opiate users in narrative literature in chapter 3 will show, be dated to the late nineteenth and early twentieth century, the process of turning drugs and their users into an aspect of the Other and thereby stigmatising users as being deviant from accepted norms has been going on for centuries. The latter process is sometimes neglected in the scholarly discourse on drug users, as the following quote shows:

Most attitudes identifying drug use as deviance developed during the 20th century. Prior to this time, U.S. society widely tolerated drug use in many forms. During the 19th century, people regarded drug addiction as a personal problem, generally pitying addicts rather than condemning them. Only later did addicts experience the stigma of disreputable characters and addiction gain an association with criminal behavior.<sup>84</sup>

I can agree with the statements made in the last two sentences of this quote. They refer to the creation of the addict as an identity, a process that was influenced by a) the medicalisation of behaviours perceived to be deviant that occurred in the nineteenth century and which led to the creation of ‘species’ of deviants<sup>85</sup>, and b) the criminalisation of drug use and users caused by the legislations of the early twentieth century, but was based on the already existing perception of drug use as a deviant practise.

The statement by Clinard and Meier that *many forms* of drug use were tolerated is true, yet neglects that some forms of drug use were not met with acceptance. The toleration of drugs use has depended on the reasons for the use, as well as the user’s status in society. Non-excessive medical and medicinal use was met with a widespread acceptance, while the ‘stimulant’<sup>86</sup> use was sometimes criticised. Use by members of the middle and upper classes, particularly by women, was tolerated more often than use by the lower classes. These varying attitudes towards different groups of users can be seen in a nineteenth century study on the increase of opium use in Massachusetts:

It is unnecessary here to do more than allude to the other physical causes that occasionally lead to excess in the use of opium, dependent upon a depressed condition of the nervous system, induced either by occupation, overwork with deficient nutrition; or by a vicious mode of life, as prostitution,

---

<sup>84</sup>Marshall B. Clinard and Robert F. Meier, *Sociology of Deviant Behavior*, p. 260-1.

<sup>85</sup>The parallels between the creation of the addict and that of the ‘homosexual’ will be discussed in section 2.5.

<sup>86</sup>Cf. p. 63

and sometimes, intemperance. Those more generally exempt from this vice are out-of-door laborers, and others whose occupations allow an abundance of fresh air and nourishing food, with regular hours of sleep. A deficiency in these natural stimuli, so essential to sound health, promotes a desire for artificial substitutes, and opium, where others are unavailable, is often resorted to. In England, and we suspect the same would be found true, although to a less extent, in our own country, the opium habit is especially common among the manufacturing classes, who are too apt to live regardless of all hygienic laws. [...] The fact generally remarked that women constitute so large a proportion of opium takers, is due, perhaps, more to moral than to physical causes. Doomed, often, to a life of disappointment, and, it may be, of physical and mental inaction, and in the smaller and more remote towns, not unfrequently, to utter seclusion, deprived of all wholesome social diversion, it is not strange that nervous depression, with all its concomitant evils, should sometimes follow,—opium being discreetly selected as the safest and most agreeable remedy.<sup>87</sup>

The study does not condemn opiate use in general, but criticises excessive use. Although there is no explicit condemnation of particular groups of users, the reasons given for use imply differing levels of culpability that can serve as indicator of whether the use would be met with a tolerant or critical attitude. Use, as represented in the quote, can be due to external (“overwork”) or internal (leading a “vicious” life) factors. Opium use by the “manufacturing classes” is attributed to a behaviour, i.e. their unsanitary lifestyle, while woman higher up on the social scale are represented as driven towards opium use because of external reasons (being “doomed” to a disappointing life and “deprived” of diversion).

The attitudes towards drugs and their users that contributed to their perception as deviant have, contrary to the first statement by Clinard and Meier, developed over centuries. One of the most important attitudes shaping the twentieth-century discourses on drugs—the perception of the addict as a criminal—*was* a product of the first decades of the century, but it would not have been possible without the previous stigmatisation of drugs and their users as being deviant and belonging to or being possessed by the Other. This stigmatisation was achieved using a number of techniques. In the remainder of this section I will concentrate on some of the main strategies:

1. Drugs are often presented as being ‘foreign’ substances, which do not belong in the society of the user. The fear of the Other in the form of xenophobia is used, frequently in connection with reports on the use of psychoactive substances by immigrant communities.
2. The representation of ‘drug abuse’ as a disease or as mental illness.

---

<sup>87</sup>F. E. Oliver, ‘The Use and Abuse of Opium’, in David F. Musto, *Drugs in America*, p. 216-7. Originally published in: Massachusetts State Board of Health, *Third Annual Report*, (Boston: Wright and Potter State Printer, 1872), p. 162-77.

3. There is a propensity towards thinking of drugs and their use as sinful or 'evil': "the view that using and avoiding drugs are not matters of health and disease but matters of good and evil; that, in other words, drug abuse is not a regrettable medical disease but a repudiated religious observance."<sup>88</sup>
4. A 'feminisation' of the user is employed: drugs are often described as "turning a man from a stable Self into a hysterical weeping junkie, or at the least, a deviant from the male norm."<sup>89</sup>

All these strategies focus on presenting the addict as a deviant from a norm: using psychoactive substances that are not accepted by his society is represented as potentially making him act like a foreigner, a deviant from mental or physical health, from the morals of the majority, from the sexual norm.

One of the earliest examples of the stigmatisation of a drug in which some of these strategies were used was aimed at a psychoactive substance that became a great success in spite of its early vilification. Tobacco was brought back from America and introduced into Europe by Columbus and his crew in 1493<sup>90</sup>. It quickly grew in popularity, although its high price limited its use to the upper classes until overproduction in the colonies reduced the price dramatically in the course of the seventeenth century. In 1604, at a time when only the affluent could afford it, one of the first documents damning the practice of smoking was published: *A Counter-blaste to Tobacco* by King James I. It already combined many of the strategies that later were to become popular in the "antidrug" rhetoric:

For *Tobacco* being a common herbe, which [...] growes almost everywhere, was first found out by some of the barbarous *Indians*, to be a Preservative, or Antidot against the Pockes, a filthy disease, whereunto these barbarous people are (as all men know) very much subject, what through the uncleanly and adust constitution of their bodies, and what through the intemperate heate of their Climate: so that as from them was first brought into Christendome, that most detestable disease, so from them likewise was first brought this use of *Tobacco*, as a stinking and unsavorie Antidot, for so corrupted and execrable a Maladie, the stinking Suffumigation whereof they yet use against that disease, making so one canker or venime to eat out another.

And now good Countrey men let us (I pray you) consider, what honour or policie can moove us to imitate the barbarous and beastly maners of the wilde, godlesse, and slavish *Indians*, especially in so vile and stinking a custome? [...] Why doe we not as well imitate them in walking naked as they doe? in preferring glasses, feathers, and such toyes, to golde and precious stones, as they doe? yea why do we not denie God and adore the Devill, as they doe?<sup>91</sup>

---

<sup>88</sup>Szasz, *Ceremonial Chemistry*, p. x.

<sup>89</sup>Driscoll, *Reconsidering Drugs*, p. 95.

<sup>90</sup>Szasz, *Ceremonial Chemistry*, p. 184.

<sup>91</sup>King James I, *A Counter-blaste to Tobacco*, (1604), reprinted in Richard Rudgley, *Wildest Dreams*, p. 55-6.

We can already find the strategy of presenting the society from which a drug originates as completely alien, as “barbarous and beastly” in this extract. It is implied that the smoker, by imitating the use of tobacco, deviates from common sense as he would were he to imitate other presumed customs of the ‘Indians.’ The strategy of connecting a drug with disease through a supposedly common origin is also used. A different connection between tobacco and disease is shown in the following quote, emphasised by ‘scientific’ fact:

Surely Smoke becomes a kitchen far better then a Dining chamber, and yet it makes a kitchen also oftentimes in the inward parts of men, soiling and infecting them, with an unctuous and oily kinde of Soote as hath bene found in some great *Tobacco* takers, that after their death were opened.<sup>92</sup>

The *Counter-blaste* closes with a summary of the adverse effects, adding the aspect of evil to the dangers of smoking, presenting it as a ‘sin’:

Have you not reason then to bee ashamed, and to forbear this filthie noveltie, so basely grounded, so foolishly received and so grossely mistaken in the right use thereof? In your abuse thereof sinning against God, harming yourselves both in persons and goods, and taking also thereby the markes and notes of vanitie upon you: by the custome thereof making your selves to be wondered at by all forraine civil Nations, and by all strangers that come among you, to be scorned and contemned. A custom lothsome to the eye, hateful to the Nose, harmefull to the braine, dangerous to the Lungs, and the blacke stinking fume thereof, nearest resembling the horrible Stigian smoke of the pit that is bottomlesse.<sup>93</sup>

Throughout the history of the discourses on drugs, similar stigmatisations of drugs can be found. The aspect of a perceived foreignness of drugs probably is the one that is most frequently used.

Some drugs are frequently imbued with the Other, as De Quincey’s descriptions of his dreams as invaded by an oriental Other and the many occurrences of xenophobic diatribes against drugs testify. In one of the first books, published in 1860, that dealt with several psychoactive substances in a fashion aimed not at scientists or physicians, but at the reading public, Mordecai Cooke already points out one of the main hypocrisies of the later ‘war on drugs’:

There was a sin of which we were guilty in the age of Butler, and from which we are not yet freed; probably, it is somewhat of a universal one. Whether or no, there are certainly not a few who—

*Compound for sins they are inclined to,  
By damning those they have no mind to.*

---

<sup>92</sup>King James I, *A Counter-blaste to Tobacco*, (1604), in Rudgley, *Wildest Dreams*, p. 56.

<sup>93</sup>King James I, *A Counter-blaste to Tobacco*, (1604), in Rudgley, *Wildest Dreams*, p. 58.

Opium indulgence is, after all, very un-English, and never has been, nor ever will be, remarkably popular; and if we smoke our pipes of tobacco ourselves, while in the midst of the clouds, we cannot forbear expressing our astonishment at the Chinese and others who indulge in opium. Pity them we may, perhaps, looking upon them as miserable wretches the while, but they do not obtain our sympathies. Philanthropists at crowded assemblies denounce, in no measured terms, “the iniquities of the opium trade,” and then go home to their pipe or cigar, thinking them perfectly legitimate, whether the produce of slave labour or free. It is the same sort of feeling that the Hashasheens of the East inspire, and indeed all, who have a predilection for other narcotics than those which Johnny Englishman delights in, come in for a share of his contempt.<sup>94</sup>

This quote shows clearly that the representation of drugs as foreign does not depend only on the actual origin of a drug. Tobacco use had evolved into an accepted practice—despite its American origin—because it had lost its association with a despised or feared culture.

The construction of drugs as belonging to a foreign Other was not limited to the old world. In the United States, legislation against Opium has followed a xenophobic and racist path. From the 1850s onwards, American workers had to compete with a growing and very productive Chinese workforce. The psychoactive substance of their choice was opium, rather than the alcohol and tobacco that were favoured by their American competitors. The Chinese were often willing to work for lower wages, their “habitual but moderate use [of opium] helped them to cope with life and its vicissitudes.”<sup>95</sup> This use of opium was one of the issues that were used by the American Federation of Labor to discredit the Chinese, linking stereotypes (“The Yellow Man found it natural to lie, cheat, and murder and 99 out of every 100 Chinese are gamblers.”<sup>96</sup>) to the use of opium, which “became the leading symbol of their ‘dangerousness.’”<sup>97</sup> Some of the early laws pertaining to opium were based on anti-Chinese sentiment: in 1887 a law prohibiting the importation of opium by Chinese was passed, and in 1890 another law which restricted the manufacture of smoking opium to American citizens. Finally, in 1909, it was made illegal to import any smoking opium, and the only legally available opiates, morphine and heroin, were fortunately not seen by the Chinese as a culturally acceptable substitute for the smoking of opium.

The majority *defines* what the scapegoat minority is like and *imposes* this definition on him. Americans thus defamed not only the Chinese but opium as well. Significantly, while no educated person still believes the ugly nonsense

<sup>94</sup>Mordecai Cooke, *The Seven Sisters of Sleep*, p. 98-9.

<sup>95</sup>Szasz, *Ceremonial Chemistry*, p. 76

<sup>96</sup>Attributed to Samuel Gompers, president of the American Federation of Labor, by Herbert Hill in ‘Anti-Oriental agitation and the rise of working-class racism’, *Society*, 10:43-54 (Jan.–Feb.), 1973; Quoted in Szasz, *Ceremonial Chemistry*, p. 78.

<sup>97</sup>Szasz, *Ceremonial Chemistry*, p. 76.

heaped on the Chinese for decades by leading American authorities, most educated persons still believe the ugly nonsense heaped on opium.<sup>98</sup>

The strategy of attributing perceived threats to foreign sources is not limited to drugs, it can also be found in relation to diseases, as Susan Sontag points out in *Aids and its Metaphors*:

One feature of the usual script for plague: the disease invariably comes from somewhere else. The names for syphilis, [...] in the last decade of the fifteenth century, are an exemplary illustration of the need to make a dreaded disease foreign. It was the 'French Pox' to the English, *morbus Germanicus* to the Parisians, the Naples sickness to the Florentines, the Chinese disease to the Japanese. But what may seem like a joke about the inevitability of chauvinism reveals a more important truth: that there is a link between imagining disease and imagining foreignness. It lies perhaps in the very concept of wrong, which is archaically identical with the non-us, the alien. A polluting person is always wrong, as Mary Douglas has observed. The inverse is also true: a person judged to be wrong is regarded as, at least potentially, a source of pollution.<sup>99</sup>

The perception of addiction as a disease, a product of the nineteenth-century medicalisation of behaviours deemed to be deviant, thus provided another association of drugs and their use with the Other. The use of disease metaphors in connection with the use of and addiction to drugs can mean that the person using the metaphor subscribes to a disease view of addiction. However, they are also frequently used, in particular by politicians and in the media discourse, to imply that drug use is 'contagious' like an infectious disease and that, if no countermeasures are taken, it will spread throughout the population. This use of disease metaphors creates an artificial urgency that is sometimes utilised to justify drastic measures against drug use and users (i.e. the imprisonment of addicts as a kind of 'social quarantine'). The perception of addiction as a disease also is a key component in the 'war on drugs.'

Where once it was the physician who waged *bellum contra morbum*, the war against disease, now it's the whole society. Indeed, the transformation of war-making into an occasion for mass ideological mobilization has made the notion of war useful as a metaphor for all sorts of ameliorative campaigns whose goals are cast as the defeat of an 'enemy.' We have had wars against poverty, now replaced by 'the war on drugs,' as well as wars against specific diseases, such as cancer. Abuse of the military metaphor may be inevitable in a capitalist society, a society that increasingly restricts the scope and credibility of appeals to ethical principle, in which it is thought foolish not to subject one's actions to the calculus of self-interest and profitability. [...] But the

<sup>98</sup>Szasz, *Ceremonial Chemistry*, p. 77.

<sup>99</sup>Susan Sontag, *Illness as Metaphor — AIDS and Its Metaphors*, (Harmondsworth: Penguin, 1991), p. 133-4.



wars against diseases are not just calls for more zeal, and more money to be spent on research. The metaphor implements the way particularly dreaded diseases are envisaged as an alien ‘other,’ as enemies are in modern war; and the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, no matter if patients are thought of as victims. Victims suggest innocence. And innocence, by the inexorable logic that governs all relational terms, suggests guilt.<sup>100</sup>

The representation and perception of drugs as the Other is not the result of a singular strategy, but is composed of several constituent mechanisms. They often appear in varying combinations and constellations that influence and support one another, e.g. the perceptions of drugs as foreign substances and of drug use as a disease are linked by the propensity to imagine diseases as a foreign Other, as the preceding quotes from Sontag show.

The perception of drugs as ‘evil’ goes back a long way, and the fundamental inauguration of this concept is to be found in the Bible, in the form of the myth of the Fall: “the legend [of the expulsion of Adam and Eve as scapegoats] is consistent with God’s need to purify His Garden, polluted by Man’s ingestion of a forbidden substance.”<sup>101</sup> The original sin provides a template for the belief that ingesting a substance can be ‘sinful’ and can constitute a punishable behaviour. This template has been elaborated into norms that define certain substance related behaviours as deviant.

Religious norms as to what foods are ‘clean’ and thus permissible, or ‘unclean’ and forbidden, bear a striking resemblance to the created societal norms (laws) defining which psychoactive substances are permissible (alcohol, nicotine, prescription drugs), and which are illegal (marijuana, opiates). Of course, justifications can be found, that make these arbitrary choices of what is ‘clean’ and what ‘unclean’ seem rational or healthy, but they are first and foremost religious choices, that serve to classify those who adhere to them and comply with the norms as members of a certain group.<sup>102</sup>

Similarly, the use of certain substances can constitute an act that excludes a person from a group. An early example of this was the use of psychoactive substances by the so-called witches.

Those who practiced witchcraft engaged in taking and giving drugs, and so do those who now practice drugcraft—that is, those who take and give illicit drugs. In both cases, the deviants are persecuted and punished not only for what they *do* but also for what they *are*: defiant members of a “counter culture.”<sup>103</sup>

---

<sup>100</sup>Susan Sontag, *Illness as Metaphor — AIDS and Its Metaphors*, p. 96-7.

<sup>101</sup>Szasz, *Ceremonial Chemistry*, p. 26.

<sup>102</sup>See also Szasz, *Ceremonial Chemistry*, p. 33-6.

<sup>103</sup>Szasz, *Ceremonial Chemistry*, p. 65.

On the one hand, the early medieval witch-hunts were a persecution of ‘unlicensed’ healers, on the other they were a persecution of drug users whose experiences could not be reconciled with the dominant Christian ethics. While the hallucinatory experiences of some Christian visionaries (sometimes induced by fasting or meditation) could be integrated into an accepted framework of belief, some of the effects that were produced by the witches’ potions (e.g. sexual arousal or hallucinating ‘demons’) could not.

Some campaigns highlighting the ‘sinfulness’ of psychoactive substances, particularly those by the temperance movements of the nineteenth and early twentieth century against alcohol, targeted deviations from other norms influenced by religion: failure to comply with the protestant work ethic and the disruption of the ordered family. Through the notion of ‘temptation,’ the use of drugs was once again strategically linked with the Other.

This strategy has one of its fundamental sources in the “Christian ethics of the flesh”<sup>104</sup> that is characterised by a “conceptual link between the movement of concupiscence, in its most insidious and most secret forms, and the presence of the Other, with its ruses and its power of illusion,” quite different to the notion in classical Greece of an “ethics of the *aphrodisia*,” which saw the struggle for an ascetic life “as a solo contest: to struggle against “the desires and the pleasures” was to cross swords with oneself.” The opponent fought in this struggle “did not represent a different, ontologically alien power.” Following the logic of Christian ethics, it is obvious why many drugs were perceived as being part of the Other that tempted man, and, consequently, why they had to be ‘fought’ as a basically alien ‘evil,’ rather than preaching moderation in connection with their use.

Another aspect which contributed to the view that drugs were basically ‘sinful,’ was the confessional nature of several of the early accounts of their use, “a literature ordered according to the infinite task of extracting from the depths of oneself, in between the words, a truth which the very form of the confession holds out like a shimmering mirage.”<sup>105</sup> Examples of this are De Quincey’s *Confessions of an English Opium-Eater* and the anonymous *Confessions of a Young Lady Laudanum-Drinker*<sup>106</sup>. A confession implies “the presence (or virtual presence) of a partner who is [. . .] the authority who requires the confession [. . .] and intervenes in order to judge, punish, forgive, console, and reconcile;” and the confession also functions as a purification of the ‘evils’ confessed: “it unburdens him of his wrongs, liberates him, and promises him salvation.”<sup>107</sup>

<sup>104</sup>Michel Foucault, *The Use of Pleasure - The History of Sexuality: 2*, (Harmondsworth: Penguin, 1992), p. 68.

<sup>105</sup>Michel Foucault, *The History of Sexuality: 1*, p. 59.

<sup>106</sup>Originally published in the January 1889 edition of *The Journal of Mental Sciences*, partly reprinted in Mike Jay, ed., *Artificial Paradises*, p. 282-5.

<sup>107</sup>Michel Foucault, *The History of Sexuality: 1*, p. 61-2.

The concept of a ‘feminisation’ of the addict is problematic because it derives from a sexist perception of gender that sees women as weaker and more passive than men. Nonetheless, it is practical because it describes three related processes that have contributed to a stigmatisation of male drug-users as deviants from a male norm. The three processes are the representation of the user as passive and immoderate, a perception of one method of administering morphine as typically feminine, and the interpretation of the effects of opiates on the sex drive as emasculation.

The feminisation of the user has some of its roots in ancient Greece: there moderation had “an essentially masculine structure,” and thus the belief that “immoderation derives from a passivity that relates it to femininity”<sup>108</sup> was a consequence:

To be immoderate was to be in a state of nonresistance with regard to the force of pleasures, and in a position of weakness and submission; it meant being incapable of that virile stance with respect to oneself that enabled one to be stronger than oneself. In this sense, the man of pleasures and desires, the man of nonmastery (*akrasia*) or self-indulgence (*akolasia*) was a man who could be called feminine, but more essentially with respect to himself than with respect to others.<sup>109</sup>

In the early nineteenth century opiates began to be associated with this feminised passivity. “The identification of opium consumption as an effete and luxurious custom, which was incompatible with the hopes of a progressive, industrialising and aggressive Western power, reflected a prevalent anxiety about habits, conditions and public health in Britain’s new industrial towns and cities.”<sup>110</sup> The increasing use of morphine and the invention of the hypodermic syringe in the mid-nineteenth century was another important step in the feminisation of drug use. The view that women were more predisposed to addiction than men was a result of the frequent prescription of morphine (as well as other opiates) to women: “morphine was [...] widely used to treat menstrual problems, diseases of a ‘nervous character’ from which women were believed to suffer and was also administered as an analgesic in pregnancy and labour.”<sup>111</sup> The iatrogenic addictions of women were also frequently side-effects of the subordinate role assigned to them by a male-dominated society. “Hypodermic medication became instrumental in male regulation of women; hypodermic addiction became notorious as a female characteristic. [...] Male anxieties about women’s bodies were crucial in the decision to deploy morphine to subdue and regulate.”<sup>112</sup> Hypodermic self-administration, while initially less common, became more popular in the late nineteenth century, both as a more acceptable alternative

<sup>108</sup>Michel Foucault, *The History of Sexuality*: 2, p. 84.

<sup>109</sup>Michel Foucault, *The History of Sexuality*: 2, p. 84-5.

<sup>110</sup>Davenport-Hines, *The Pursuit of Oblivion*, p. 54.

<sup>111</sup>Booth, *Opium: A History*, p. 85.

<sup>112</sup>Davenport-Hines, *The Pursuit of Oblivion*, p. 78.

for upper-middle and upper class women of dealing with frustrations or boredom than heavy drinking, and as a fashion. All of these factors contributed to a change in the perception of addiction. “Addiction became identified with gender; the hypodermic habit was feminised.”<sup>113</sup>

The feminisation of the hypodermic method of administration also had an effect on the perception of the drug-user. However, a probably even greater influence on the perception of the user as ‘feminised’ is due to one of the effects of opium: if taken for a prolonged period of time, it subdues the sexual drive. The resulting sexual passivity contributed to the perception of male drug-users as emasculated, deviants from the male norm.

---

<sup>113</sup>Davenport-Hines, *The Pursuit of Oblivion*, p. 79.

## 2.4 The Addict: Patient or Criminal?

As the previous excursions into the non-literary discourses on drugs have shown, perceptions of the addict underwent a number of changes. For much of the second half of the twentieth century, a dispute has been going on between those who see the addict as someone who breaks laws and should be punished, and those who see him as a patient who can be cured.

This section will not try to determine whether the addict (or rather the drug user who is labelled as an addict) is someone who belongs to either of the categories ‘criminal’ or ‘patient’, but will examine some of the implications and effects of the two categorisations. This will be done using attribution theories (as outlined on p. 22-23) and attributional theories. While attribution theories try to “describe the circumstances under which people adopt various types of explanations,” attributional theories examine the “links between attributions and behavioural consequences.”<sup>114</sup>

Using the dimensions introduced in table 2.1, we can see that an explanation of drug use as criminal requires a low consensus (it is not done by the majority because it is seen as deviant), a high consistency (it is not a one-off behaviour that could be categorised as due to carelessness or curiosity), and a low distinctiveness (it is seen as having a direct impact on others). The difference to an explanation in terms of addiction as a medical condition lies in the perception of the distinctiveness dimension. Because the introduction of a drug into the bloodstream is not necessarily seen as having a direct impact on others, this shift in perception was sometimes brought about by justifications for laws (e.g. one of the reasons given for the introduction of DORA 40B was that drugs undermined the soldiers’ morale and thereby endangered the population during wartime) or by media campaigns that supported laws (e.g. articles that represented deplorable crimes as being caused by a drug).

Seeing the drug user as a criminal implies that he should be punished. Punishment, however, is not only a way of making the criminal ‘pay’ for the crimes he is guilty of, but should ‘correct’ him, i.e. make him change his behaviour so that he acts differently in the future. This view of the drug user presupposes that the behaviour of using drugs is a volitional act that is under the user’s control. While this is the case for a majority of drug users, some drugs have been labelled as addictive and some users as addicts, implying that the capacity for volitional or controlled use does not exist for either users of specific drugs or particular types of users. In both cases, punishment is generally considered as an inappropriate means of correction, instead the task of changing the behaviour is handed over to the medical sciences: the user is seen as a patient rather than a criminal.

---

<sup>114</sup>Davies, *The Myth of Addiction*, p. 14.

Nonetheless, labelling a drug user as a patient can have similar consequences and can also lead to a period of incarceration (i.e. a forced detoxification) if medical opinion sees this as the sole method to ‘cure’ the ‘disease’ addiction. But since the mid-twentieth century, many other methods have also been used to treat addiction. Therefore, given the alternative between punishment and treatment for a certain behaviour, it is clear that most drug users will choose to attribute their behaviour to a disease. The attribution ‘addiction’ removes some responsibility from the user and relocates it in the substance used.

Attributional research focuses on the implications that certain explanations have on future behaviour. Davies presents a set of dimensions that are based on work by B. Weiner<sup>115</sup>:

Dimension:	The cause of the behaviour is seen as ...	
a) <i>locus</i>	... originating within the person	⇒ <i>internal</i>
	... originating within the environment	⇒ <i>external</i>
b) <i>stability</i>	... fluctuating and variable over time	⇒ <i>unstable</i>
	... a permanent feature	⇒ <i>stable</i>
c) <i>controllability</i>	... under the volitional control of the individual	⇒ <i>controllable</i>
	... outwith volitional control	⇒ <i>uncontrollable</i>

Table 2.2: The dimensions of the Weiner model.

The model was originally created to explain the implications of explanations given for failure or success (e.g. in exams) for future behaviour. Taking as an example a failed exam<sup>116</sup>, an explanation in terms of i) bad luck with the questions (external × unstable × uncontrollable) has little implications for future behaviour (one can only hope that one is luckier the next time), ii) lack of revision (internal × unstable × controllable) will probably make the person work harder for the next exam, or iii) lack of ability (internal × stable × uncontrollable) may cause the person to give up because he believes that he will fail again regardless of his efforts. The model can be adapted to a number of other situations, particularly those that involve attributional verdicts. Attributional verdicts determine, from the ‘naive’ point of view of an observer, whether blame can be apportioned for a behaviour. In the above example, explanation ii) makes the person appear ‘guilty’ of causing his failure, while explanation i) does not. An awareness of these mechanisms and the desire to avoid blame influences causal explanations:

[...] people have an intuitive grasp of the principles of attribution theory, and make use of it in their everyday lives. Since explanation derives from the way events are perceived, *people can lead others to make causal inferences*

<sup>115</sup>Cf. Davies, *The Myth of Addiction*, p. 16-7.

<sup>116</sup>Cf. Davies, *The Myth of Addiction*, p. 16-7, 113-4.

*about their behaviour by describing events and situations in particular ways. Furthermore, by explaining good or bad acts in terms of dispositional or situational factors, they can influence the kinds of verdicts that people arrive at with respect to their behaviour.* This intuitive, almost second-nature grasp of attributional principles is the key to its everyday functionality; and the fact that such functionality exists is illustrated by the extensive literature on attributional bias.<sup>117</sup>

Therefore it is no wonder that a behaviour like using drugs, which has been stigmatised as deviant, is frequently represented in a way that removes at least some of the actor's responsibility. Addiction is such an explanation that justifies continuing drug use by claiming that it is outwith the user's control to choose or control his or her behaviour. This is achieved by what Davies calls the addiction attribution: the representation of drug use as an internal × stable behaviour.

This form of explanation can legitimise drug-related behaviours insofar as it places them, in a sense, where the person cannot 'get at them' and thereby removes the element of volition; and hence absolves any 'guilty verdict' that might otherwise attach to the behaviour. It also implies that radical changes to enduring environmental conditions, such as might be suggested by a stable × external combination, will not do the trick either. No other combination captures these essential features of 'addiction'; that is, no personal responsibility and no hope of change.<sup>118</sup>

The perception of addiction as beyond any active control by the user is an essential component of the junkie stereotype that is frequently used in the media discourses on drugs and narrative literature. To a certain degree, the addiction attribution is responsible for the perception of the addict as an identity. From a simple point of view on identity, an individual's identity is mainly defined by his or her continuous and unchanging characteristics, i.e. by what is stable and internal. Therefore, if continued drug use is represented as internal and stable, the logical conclusion is that it is (or rather has become) an integral part of the user's identity. This perception of a monolithic addict identity is what I will call an essential addict identity. While the concept of such a static identity is rather out-of-date, it is still used to make the phenomenon of continued drug appear easily explainable, in effect placing the addict in "a conceptual Skinner box"<sup>119</sup> that determines his behaviour.

In contrast, identity can also be seen as dynamic, constituted of many components that can change without producing a rupture in the overall identity. With such a postmodern concept of identity, the influence of regular or addicted drug use on an individual's identity is limited: it does not necessarily dominate identity as in the case of an essential addict

---

<sup>117</sup>Davies, *The Myth of Addiction*, p. 115.

<sup>118</sup>Davies, *The Myth of Addiction*, p. 114.

<sup>119</sup>Davies, *The Myth of Addiction*, p. 36.

identity, but rather *can* influence identity *if* the individual sees it as an important aspect of him- or herself. In other words, this hybrid addict identity is a chosen identity, and the use of drugs is a matter of choice. This is reflected in some of the books discussed in chapters 3 and 4, where drug use is represented as a matter of choice. This choice is not limited to the casual user, but can also apply to the addict who chooses to stay addicted and not to quit using. That such a behaviour is not a product of the authors' imagination or a self-delusion is supported by the following statement by Davies:

At the present time, the services on offer are generally geared to providing for helpless drug addicts who use drugs 'against their will' and who are trying to stop. As a result, people who encounter problems stemming from their use of drugs tend to present at agencies in accordance with that agenda. However, many people familiar with illicit drug use at the street level rather than in the hospital or clinic setting, will be impressed by the fact that most users appear to take drugs on purpose because they enjoy it, and their immediate problems frequently arise from their desire to keep using rather than their desire to stop.<sup>120</sup>

The self-representation of drug users as addicts whose drug-using behaviour is beyond any volitional control can be seen as a product of some of the discourses on drugs. The juridical discourse has constructed the use of drugs as a culpable offence. However, as with nearly all crimes, the punishment for an offence can vary depending on the circumstances under which it was committed, in particular its volitional nature.

The medical discourse has constructed the 'addicted' use of a drug as a disease that is beyond volitional control. This partially removes the guilt associated with the behaviour, which is one of the main benefits of the addiction attribution for the drug user. There are, however, some serious disadvantages of this attribution for the user.

Whilst the addiction attribution minimises possible harm to the drug user deriving from the social and legal sanctions surrounding drug use, it does nothing to minimise the possible harm that might come from using drugs incompetently, and it reduces the likelihood of competent use. A new context for drug use is required within which a different set of attributions is functional, attributions that help the person to cope with the problems that may arise due to their drug use, rather than attributions whose function is to minimise the impact of the legal and social sanctions on drug use imposed by the society within which it takes place.<sup>121</sup>

Some of the authors discussed in chapter 3 try to distance themselves from the disease view of addiction and instead represent drug use as based on choice. These authors also emphasise the importance of adequate knowledge about drugs that can be used to minimise adverse effects.

---

<sup>120</sup>Davies, *The Myth of Addiction*, p. 161-2.

<sup>121</sup>Davies, *The Myth of Addiction*, p. 164.



When applied to the study of representations of drug users and addicts in narrative literature, explanations (implicit or explicit) for the behaviour of using drugs are of great importance. “[T]he very act of explaining drug use in certain habitual ways might help to maintain and develop a drug problem in those terms.”<sup>122</sup>

Most of the authors discussed by me who are known to have used drugs themselves exhibit tendencies to change the perception of drug users. Various strategies are employed to achieve this aim. Some can be identified as targeting the consensus dimension of the ANOVA model, trying to portray drug use as an activity which is not deviant or as something practised by a significant portion of society. Others make use of characters that do not use the addiction explanation (internal × stable × uncontrollable) for their drug use, in particular by representations of drug use as unstable (i.e. variable and fluctuating) or controllable (i.e. under volitional control).

The portrayal of characters whose drug-using behaviours conflict with the addiction attribution although the frequency, the amount, and the consequences of their use permit them to be labelled as addicts (according to my definition on page 23) is an instance of counter-discourse, frequently geared towards debunking the myths and stereotypes that surround the addict. This counter-discourse does not necessarily contest that drug use is a deviant activity, some characters actively embrace their drug use as a way to be different. In contrast, attempts to change the perception of drug use as deviant often belong to a reverse discourse that tries to change the position of the addict or drug-user within the normal/deviant binary.

---

<sup>122</sup>Davies, *The Myth of Addiction*, p. 15.

## 2.5 Parallels between the Discourses on Addicts and Homosexuals

Both the addict and the homosexual are identities produced through discourses. While at first they were tactical elements in the discourses on drugs and sexuality that gave a name to individuals that exhibited behaviours perceived as deviant, they soon developed into the focus of discourses that on the one hand tried to analyse these identities, and on the other justify and embrace them.

Foucault pointed out that the ‘discovery’ of the homosexual in the late nineteenth century was in fact the attribution of a specific identity to individuals who exhibited behaviours that had been stigmatised as deviant for a long time.

This new persecution of the peripheral sexualities entailed an *incorporation of perversions* and a new *specification of individuals*. As defined by the ancient civil or canonical codes, sodomy was a category of forbidden acts; their perpetrator was nothing more than the juridical subject of them. The nineteenth century homosexual became a personage, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology. [...] The sodomite had been a temporary aberration; the homosexual was now a species.<sup>123</sup>

The creation of ‘deviant’ identities served the purpose of separating the ‘deviants’ from the norm and to turn them into an aspect of the Other: they were no longer individuals who merely exhibited behaviours differing from the norm, therefore they could now be seen as essentially different. Both the homosexual and the addict were produced in a society that felt threatened by unproductivity and passivity. “The fear and repulsion with which passivity was regarded in the 1890s connected the hostility both to narcotics and homosexuality.”<sup>124</sup> Since the reasons for the creation of the ‘deviant’ identities were similar, some parallels in the processes whereby the addict and the homosexual were defined and the tactics of ‘Othering’ can be detected.

Like drug use, homosexual behaviour underwent a medicalisation in the late nineteenth century that continued well into the mid twentieth century. It fell into the domains of medicine and psychology to examine a person, proclaim a diagnosis that he or she was a homosexual or an addict, and attempt to ‘cure’ him or her. Similar disease metaphors were used for homosexuality (“Like infectious disorders, homosexual tendencies might be transmitted by association.”<sup>125</sup>) and addiction (“Only the lowest class was liable

<sup>123</sup>Michel Foucault, *The History of Sexuality: 1*, p. 42-3.

<sup>124</sup>Davenport-Hines, *The Pursuit of Oblivion*, p. 128.

<sup>125</sup>Donald J. West, *Homosexuality*, (Harmondsworth: Pelican, 1960), p. 107.

to infection.”<sup>126</sup>). The medicalisation of homosexuality was at least partly due to similar reasons as that of addiction: a behaviour viewed by many as deviant and culpable was reclassified by means that removed the individual’s culpability by denying him the possibility of choosing his behaviour. An internal × stable configuration similar to the addiction attribution was used.

GIVEN a simple choice, no one in his right mind would choose to be homosexual. However strongly they protest their freedom from conventional morality, sexual deviants cannot escape a lurking guilt. The fact that many decent folk regard them as moral lepers renders them furtive and unsure, or else forces them into flaunting bravado. Though they wear no visible crutches, their disability is real enough.<sup>127</sup>

While from today’s point of view this quote is presumptuous, when it was published in 1960 it bordered on the liberal: homosexual actions were still a punishable offence in many countries. As with addiction today, punishment was seen less as a way of ‘curing’ the ‘deviant’, but as a deterrent for others:

Treatment through imprisonment is a contradiction in terms. Those who try to justify prison sentences for homosexuality on the grounds that loss of liberty provides impetus for conversion to heterosexuality are ignorant of the elementary facts of the matter. The argument that punishment acts as a deterrent to potential offenders provides the only rational basis for imprisonment.<sup>128</sup>

The threat of punishment for a ‘deviant’ behaviour produces social controls. The intensity of this social control is dependent on several factors. One is the severity of the possible punishments for a behaviour prohibited by law. While for many crimes the disapproval by society is more or less proportional to the intensity of the punishment, this is true only to a certain degree for ‘victimless’ crimes. For such crimes, penalties that are seen as too harsh could lead to sympathy and compassion rather than support for law enforcement, particularly if the ‘criminal’ behaviour is constructed as beyond the active control of the individual. In such cases, victims are sometimes ‘produced’ through discourse in order to ensure social control (e.g. by proclaiming that addiction causes theft or child neglect). Another factor influencing social control is the creation of fear. This fear is frequently focused not on the ‘deviant’ identities themselves, but is extended to other behaviours belonging to the same discursive field. In the case of the addict, it often is non-addicted drug use that is the focus of scaremongering (e.g. through the use of the ‘slippery slope’

<sup>126</sup>J. M. Scott, *The White Poppy: A History of Opium*, (London: Heinemann, 1969), p. 129.

<sup>127</sup>West, *Homosexuality*, p. 154.

<sup>128</sup>West, *Homosexuality*, p. 159.

paradigm that proclaims that drug use—even the occasional use of drugs with a low potential for addiction—will eventually lead to addiction to heroin or other so-called ‘hard drugs,’ or the exaggeration of the probability and intensity of deleterious effects of drugs). A similar mechanism was at work in the discourse on sexuality in the nineteenth and early twentieth century.

Claiming to speak the truth, [the science of sexuality] stirred up people’s fears; to the least oscillations of sexuality, it ascribed an imaginary dynasty of evils destined to be passed on for generations; it declared the furtive customs of the timid, and the most solitary of petty manias, dangerous for the whole society; strange pleasures, it warned, would eventually result in nothing short of death: that of individuals, generations, the species itself.<sup>129</sup>

The fear of negative consequences of sexual behaviours was a powerful incitement for social controls, e.g. in connection with masturbation. “Educators and doctors combatted children’s onanism like an epidemic that needed to be eradicated.”<sup>130</sup> Today, social controls are utilised less frequently because of sexual behaviours, while drug use remains an important focus of attention and a basis for power relations.

Like sexual behaviours in the nineteenth century, drug use is caught in a web of power-relations, or, as Foucault calls them, “*perpetual spirals of power and pleasure*.”<sup>131</sup> The same kinds of controls and resistances are effective when children or teenagers are examined for signs of ‘drug-abuse’ as they were in the attempts to control children’s sexualities.

The medical examination, the psychiatric investigation, the pedagogical report, and the family controls may have the over-all and apparent objective of saying no to all wayward or unproductive sexualities, but the fact is that they function as mechanisms with a double impetus: pleasure and power. The pleasure that comes of exercising a power that questions, monitors, watches, spies, searches out, palpates, brings to light; and on the other hand, the pleasure that kindles at having to evade this power, flee from it, fool it, or travesty it. The power that lets itself be invaded by the pleasure it is pursuing; and opposite it, power asserting itself in the pleasure of showing off, scandalizing, or resisting. Capture and seduction, confrontation and mutual reinforcement; parents and children, adults and adolescents, educator and students, doctors and patients, the psychiatrist with his hysteric and his perverts, all have played this game continually since the nineteenth century.<sup>132</sup>

This ambivalent relationship between deviance and normative power can be frequently be found in the literary discourses on drugs. A joy of breaking a taboo by using drugs and of fooling and evading the law and its representatives is often depicted in novels of the second half of the twentieth century.

<sup>129</sup>Michel Foucault, *The History of Sexuality: 1*, p. 53-4.

<sup>130</sup>Michel Foucault, *The History of Sexuality: 1*, p. 42.

<sup>131</sup>Michel Foucault, *The History of Sexuality: 1*, p. 45.

<sup>132</sup>Michel Foucault, *The History of Sexuality: 1*, p. 45.

An even more important point of resistance to the power manifested in the dominant discourses on drugs are the strategies employed in the reverse discourse whereby authors sought to oppose the stigmatisation of drugs and their users. This reverse discourse is not a simple negation of the dominant discourses on drugs, but often involves an appropriation of elements and strategies present in the dominant discourses and attempts to change positions within the normal/deviant binary.

In *Sexual Dissidence*, Jonathan Dollimore identifies four types of reverse discourse that were used in connection with homosexuality<sup>133</sup>, which, as the examples I give show, can also be used to bring about a change in the perception of drugs or addicts.

- i. An attempt to reclassify a 'deviant' behaviour as 'normal' by either modifying the perception of the 'deviant' behaviour so that it appears 'normal' or a redefinition of the norm so that it allows the inclusion of the 'deviant' (e.g. pronouncing opiate use to be as 'normal' and legitimate as the use of alcohol).
- ii. A transvaluation of the negative identity (e.g. a redefinition transforming the addict into a patient).
- iii. A reversal of the dominant and subordinate locations within a binary (e.g. claiming that the 'sober' world is a world gone mad, and drug use is a perfectly normal reaction to the world).
- iv. A transgressive reinscription (i.e. a "return of the repressed and/or the suppressed and/or the displaced via the proximate."<sup>134</sup>) that tries to eliminate the binary categories that are responsible for the exclusion (e.g. representing drugs as an ordinary commodity or drug use as an act of consuming based on choice and not on a 'need' or addiction).

These reverse discourse types can be found in some of the novels discussed in chapters 3 and 4, e.g. in De Quincey's *Confessions of an English Opium-Eater*, the narrator tries to make his use of opium acceptable using types i. and ii.: he claims that the non-medicinal use of opium is as lawful as that of wine<sup>135</sup>, and he attempts to transvalue opium use by reporting how it intensified his appreciation of the opera.

These parallels indicate that it might be possible one day to formulate a general theory about the use and representation of deviancy in literature and the textual strategies employed to counteract the stigmatisation as deviant. The following chapters analyse

<sup>133</sup>Cf. Jonathan Dollimore, *Sexual Dissidence*, (Oxford: OUP, 1991), p. 226.

<sup>134</sup>Dollimore, *Sexual Dissidence*, p. 33.

<sup>135</sup>Cf. p. 68.

representations of drug use and addicts in narrative literature in order to come to a better understanding of the processes that produced the addict as a deviant as well as the strategies which were utilised in opposition to these processes.

## Chapter 3

### **The Junky – Opiate Addicts from** *Confessions of an English Opium-Eater to* *how to stop time - heroin from A to Z*

#### **3.1 “How unmeaning a sound was opium at that time!”** — **Thomas De Quincey: *Confessions of an English*** ***Opium-Eater* (1822/1856)**

The caption of this section should not be read as a general statement about the perception of opium in the nineteenth century, it is a personal statement of the narrator in the *Confessions of an English Opium-Eater* on his relationship to opium before he started his opium-eating career.<sup>1</sup> The discourse on opium did not start with Thomas De Quincey's *Confessions of an English Opium-Eater*, but it marks a decisive turning point for the discourses that were to follow. Previous publications dealing with opium did so either from a medical point-of-view, like Dr. John Jones' *Mysteries of Opium Reveal'd* (1700) or Dr. Samuel Crumpe's *Inquiry into the Nature and Properties of Opium* (1793), or from the point of view of the traveller who encountered cultures in the Near and Far East where the use of opium for pleasure was prominent in some sections of society. But in nineteenth-century Britain, opium use was common too. Until the Pharmacy and Poisons Act of 1868, there were no effective regulations concerning the open sale of opium by chemists, pharmacists, and also grocers, to anyone, very much like modern over-the-counter drugs such as Aspirin. Opium was used chiefly as an anodyne and a sedative, or against specific symptoms like fever or diarrhoea, but a 'recreational' use of opium was

---

<sup>1</sup>Thomas De Quincey, *Confessions of an English Opium-Eater*, (Revised version of 1856), (Ware: Wordsworth Editions Ltd., 1994), p. 178.

not uncommon either. Frequently it could be found as the main active ingredient in patent medicines, such as Dover's Powders, Kendal Black Drop, or Godfrey's Cordial, the latter a soothing syrup for babies.<sup>2</sup> Only the poorest, who could not afford even a pennyworth of opium, and those with inviolable health would have lived a life without using opium. What, then, was so new about De Quincey's *Confessions*?

The *Confessions* were the first novel in which opium and opium use were central to the plot, in which both the pleasures and pains of taking opium, as perceived by the narrator, were described in detail. The consequences of its publication, first in the September and October 1821 issues of *The London Magazine*, then in 1822 in book form, were far reaching: although the most common reaction to the *Confessions* "was interested and calm rather than hysterical"<sup>3</sup>, they nonetheless had the effect that "opium addiction began to be considered as a separate medical and psychological phenomenon which ought to be studied."<sup>4</sup> The *Confessions* are ambivalent in their both praising and warning against the use of opium. Another ambivalence lies in the attempt to tell of the different uses that opium can be put to and the different effects: medical and hedonistic, the relief of pain, "the genial pleasure of opium"<sup>5</sup>, and "the opium miseries"<sup>6</sup>. This kind of differentiation was, prior to the publication of the *Confessions*, absent from the books aimed at the reading public, which were mainly accounts of travels in the Near and Far East, in which opium was usually cast as a debilitating indulgence of the Other. De Quincey postulates medical uses of opium that later research proved ineffective or even counter-productive, yet without such speculation to incite medical curiosity, much research would have been carried out significantly later, if at all. The *Confessions* were a profound impetus in shaping the discourse on opium, and later also that on other psychoactive substances. Even in the mid-twentieth century, the experiences related in the *Confessions* contributed to the medical discourse on drugs: "A paraphrase of De Quincey's life was quite a regular component of medical journals at the height of the drug 'epidemic' of the 1960s."<sup>7</sup>

The title of the *Confessions* suggests that De Quincey believed in a certain kind of drug-taking identity, that nowadays might be considered a direct precursor of the later 'addict'. However, in the novel there are a number of identities, and De Quincey is careful to differentiate between the types of users and between the different stages of opium use in an individual.

De Quincey was aware that the more pleasurable sides of his use of opium would be

---

<sup>2</sup>Cf. Booth, *Opium: A History*, 27, 60-1; Hayter, *Opium and the Romantic Imagination*, p. 25, 30-5; Berridge and Edwards, *Opium and the People*, p. xix.

<sup>3</sup>Berridge & Edwards, *Opium and the People*, p. 53.

<sup>4</sup>Hayter, *Opium and the Romantic Imagination*, p. 34.

<sup>5</sup>*Confessions*, p. 21.

<sup>6</sup>*Confessions*, p. 212.

<sup>7</sup>Berridge & Edwards, *Opium and the People*, p. 50.



seen by many as a morally condemnable hedonistic indulgence. Thus he is caught in a dilemma: how to present himself as a ‘justified sinner’, as an opium-eater who could not be reproached for the use itself of opium. His way out of this dilemma was to state that *his* reasons for taking opium were mainly of medical nature, of pure necessity, while equally accepting and condoning a careful use for pleasure.

Simply as an anodyne it was, under the mere coercion of pain the severest, that I first resorted to opium; and precisely that same torment it is, or some variety of that torment, which drives most people to make acquaintance with that same insidious remedy. Such was the fact; such by accident. Meantime, without blame it might have been otherwise. If in early days I had fully understood the subtle powers lodged in this mighty drug (when judiciously regulated), (1) to tranquillise all irritations of the nervous system; (2) to stimulate the capacities of enjoyment; and (3) under any call for extraordinary exertion (such as all men meet at times), to sustain through twenty-four consecutive hours the else drooping animal energies – most certainly, knowing or suspecting all this, I should have inaugurated my opium career in the character of one seeking *extra* power and enjoyment, rather than one of shrinking from *extra* torment.<sup>8</sup>

De Quincey drew attention to the ‘stimulant’ use of opium. From the modern point of view, with opiates firmly classified as narcotics, as opposed to the category of stimulants like cocaine or amphetamines, this labelling of opium as a ‘stimulant’ may seem to be erroneous. But in De Quincey’s day, the ‘stimulant’ use of opium had a different meaning. It simply related to the euphoric effects of opium, “broadly meaning the pleasure-seeking use of the drug.”<sup>9</sup> This ‘stimulant’ use of opium was by no means invented by De Quincey, it had been in practice for a considerable time. He did, however, bring it out in the open and thus transformed it into a topic for the discourse on opium. “A study of opiate use in eighteenth-century society indicates that such effects were widely known, but unrevealed because of ‘cultural prejudices’ and literary convention.”<sup>10</sup> But despite the generally “interested and calm” reactions to De Quincey’s opium-eating, he nonetheless raised a particular concern in his novel, which was to occupy much of the debates on the regulation of and restrictions on the sale and use of opium: the working-class ‘stimulant’ use of opium. In the Preface to the *Confessions* he states that

on passing through Manchester, I was informed by several cotton manufacturers, that their work-people were rapidly getting into the practice of opium-eating; so much so, that on a Saturday afternoon the counters of the druggists were strewn with pills of one, two, or three grains, in preparation for the known demand of the evening. The immediate occasion of this practice was

---

<sup>8</sup>*Confessions*, p. 15-6.

<sup>9</sup>Berridge & Edwards, *Opium and the People*, p. xxi.

<sup>10</sup>Berridge & Edwards, *Opium and the People*, p. 50.

the lowness of wages, which at that time would not allow them to indulge in ale or spirits; and, wages rising, it may be thought that this practice would cease: but, as I do not readily believe that any man, having once tasted the divine luxuries of opium, will afterwards descend to the gross and mortal enjoyments of alcohol, I take it for granted

That those eat now who never ate before;  
And those who always ate, now eat the more.<sup>11</sup>

Middle-class opium use was not a matter for great concern in the discussions that followed the publication of the *Confessions*, but the use among the working class gave rise to many concerns:

The dangers of urban opiate use ran as a theme throughout the discussions of opium poisoning and restriction of sale. This was seen to be more threatening than the widespread reliance on opium in the rural Fens. Misunderstanding of the popular culture of opiate use had its roots in the class tensions of the period, and found expression in two ways – in the issue of infant dosing with opium, and in the belief in the working-class ‘stimulant’ use of the drug.<sup>12</sup>

Once introduced as a discursive topic, the prevalence of this working-class ‘stimulant’ use was widely exaggerated. The *main* use of opium in the working class was still as a readily available medicine, both for adults and children, yet discourse focused on ‘infant doping’ and ‘stimulant’ use. It is tempting to apply the modern labels of ‘medical’ and ‘non-medical’ use to try to distinguish between use for pleasure and use against an ailment, but this would be misleading. Today, medical use is the only ‘legitimate’ use of opium, and the patients’ use is closely monitored by a system of prescriptions and controlled (professional) administration of the drug (i.e. opiates, with the exception of codeine, are not entrusted to the patient to use as he or she sees fit, but applied only by professional care-givers after the prescription by a fully qualified doctor) with a view to excluding the possibility of the formation of an addiction. In the nineteenth century, until the Pharmacy Act of 1868, there were no effective regulations on who could purchase opiates and what they were to be used for. Obtaining opium from a chemist or a grocer’s was often a child’s errand. According to the ‘folklore,’ opium had innumerable ‘medical’ uses, it was a panacea. ‘Medical’ use in the nineteenth century encompassed many uses that today would be categorised as ‘non-medical’, especially since nearly all instances of use were cases of ‘self-prescription’ or self-medication. Therefore a distinction between ‘medicinal’ and ‘stimulant’ use of opium is more appropriate when discussing opiate use in the early and mid-nineteenth century than one between ‘medical’ and ‘non-medical’ use. As a result of the self-medication, habitual use with detrimental effects was a frequent occurrence, and De Quincey’s case of prolonged use of opium due to prolonged

---

<sup>11</sup>*Confessions*, p. 7.

<sup>12</sup>Berridge & Edwards, *Opium and the People*, p. 97.

pain may be seen as a typical example of a habituated middle-class individual. Yet, for the majority of opium's users, the drug did not lead to any significant detrimental effects because the use was not continued long enough for an addiction to develop.

Within this climate of general acceptance of opium, how is the use of opium described in the *Confessions*? The *Confessions* are divided into three parts, the 'Confessions of an English Opium Eater' themselves as "the early experiences of erring childhood"<sup>13</sup>, and two sections called 'The Pleasures of Opium' and 'The Pains of Opium', which on the surface seem to be loosely connected, but for which De Quincey takes care to spell out the links:

You are already aware [...] that the opium miseries, which are now on the point of pressing forward to the front of this narrative, connect themselves with my early hardships in London (and therefore more remotely with those in Wales) by natural links of affiliation – that is, the early series of sufferings was the parent of the later. Otherwise, these Confessions would break up into two disconnected sections – first, a record of boyish calamities; secondly, a record (totally independent) of sufferings consequent upon excesses in opium. And the two sections would have no link whatever to connect them, except the slight one of having both happened to the same person. But a little attention will show the strictness of the inter-connection.<sup>14</sup>

He goes on to present a "casual connection"<sup>15</sup> in his belief that his "boyish sufferings" affected his stomach and caused the pain that led to his opium-eating, and a "distinct link"<sup>16</sup> in the dream-sceneries of his opium-induced dreams, which he believed to be shaped by his childhood experiences.

Here is the briefest possible abstract of the total case: – The final object of the whole record lay in the dreams. For the sake of those the entire narrative arose. But what caused the dreams? Opium used in unexampled excess. But what caused this excess in the use of opium? Simply the early sufferings; these, and these only, through the derangements which they left behind in the animal economy.<sup>17</sup>

In the longest part of the *Confessions*, recounting his teenage experiences, opium has a very minor role, it is hardly mentioned at all between p. 25 and p. 177. I will now look at the parts of the book where opium does play a significant role to see how opium, its use and users are described.

In the preface, De Quincey's narrator introduces opium-eating as a "sensual pleasure" and confesses that he has "indulged in it to an excess not yet *recorded* of any other man",

---

<sup>13</sup>*Confessions*, p. 213.

<sup>14</sup>*Confessions*, p. 212.

<sup>15</sup>*Confessions*, p. 213.

<sup>16</sup>*Confessions*, p. 213.

<sup>17</sup>*Confessions*, p. 213.

but goes on to say that he has also “struggled against this fascination with a fervent zeal” and “untwisted, almost to its final links, the chain which fettered me.”<sup>18</sup> Opium is presented as ambivalent, both a “pleasure” and a “chain”. This ambivalence can be found in most parts of the *Confessions* that deal with opium.

He presents his confessions as a service rendered “to the whole class of opium-eaters” and, because this notion of a “class” of users was a concept he introduced into English fiction, explains what is meant by this:

But who are they? Reader, I am bound to say, a very numerous class indeed. Of this I became convinced, some years ago, by computing at that time the number of those in one small class of English society (the class of men distinguished for talent and notoriety) who were known to me, directly or indirectly, as opium-eaters;<sup>19</sup>

He goes on to name some of them, and underlines this with the statement that he was told by “three respectable London druggists” that there was an immense “number of *amateur* opium-eaters (as I may term them)”<sup>20</sup>. This is the aspect of middle-class opium use frequently found in nineteenth-century Britain, with some personalities being known for habitual or regular use, and a larger number of occasional users. But De Quincey, in the section quoted above about the ‘stimulant’ use of Manchester “work-people”, drew attention to the fact that opium use was also known and practised by the working class. The ‘stimulant’ use of opium is also referred to when he speaks of opium “as by many degrees the most potent of all known counter-agents to nervous irritation, and to the formidable curse of *tædium vitæ*”<sup>21</sup>.

Another aspect of the preface, that recurs throughout the sections of the *Confessions* that deal with opium, is the presentation of opium in a quasi-religious light. In the first instance of this, opium is even given an almost divine subject position:

I say that opium, or any agent of equal power, is entitled to assume that it was revealed to man for some higher object than that it should furnish a target for moral denunciations, ignorant where they are not hypocritical, childish when not dishonest; that it should be set up as a theatrical scarecrow for superstitious terrors, of which the *result* is oftentimes to defraud human suffering of its readiest alleviation [...].<sup>22</sup>

In this quote, De Quincey stages the ‘blessings’ of medicinal use as above reproach for any morally not sanctioned uses that opium might be put to. It appears as if he saw opium

---

<sup>18</sup>*Confessions*, p. 4.

<sup>19</sup>*Confessions*, p. 4.

<sup>20</sup>*Confessions*, p. 7.

<sup>21</sup>*Confessions*, p. 8.

<sup>22</sup>*Confessions*, p. 8.

as mainly a medicinal matter, with its ‘stimulant’ effects as a cure against “*tædium vitæ*”. In the second instance of a quasi-religious presentation, he mainly casts it as powerful and praiseworthy:

[Opium], beyond all other agents made known to man, is the mightiest for its command, and for the extent of its command, over pain; and so much mightier than any other, that I should think, in a Pagan land, supposing it to have been adequately made known through experimental acquaintance with its revolutionary magic, opium would have had altars and priests consecrated to its benign and tutelary powers.<sup>23</sup>

He carries on to say that such a veneration of opium is not, as apparently he had been accused of, his aim in the *Confessions*, but “to emblazon the power of opium – not over bodily disease and pain, but over the grander and more shadowy world of dreams.”<sup>24</sup> That the effects of opium on his dreams are more important to his narrative than the medicinal effects is due to the fact that, although he could still (and frequently did in the *Confessions*) contribute to medical discourse, the boundaries of discourse being still permeable for non-professionals in the first half of the nineteenth century, as a writer he was undoubtedly influenced by the contemporary interest in dreams<sup>25</sup>.

In the first ten pages of the main part of the *Confessions*, De Quincey writes about opium, before leaving that subject until the ‘pains’ and ‘pleasures’ parts. What he writes here is mainly a justification of his becoming an opium-eater, and the result of a conflict between himself and Coleridge over their individual grounds and motivations for opium use.

De Quincey presents three possible paths along which an individual can become an opium eater, which are remarkable in so far, as they still constitute three of the most prominent stereotypes about how an individual becomes ‘addicted’. The first of these paths I would like to call the ‘experimental’ introduction to using a drug. “Was it gradually, tentatively, mistrustingly, as one goes down a shelving beach into a deepening sea, and with a knowledge from the first of the dangers lying on that path; half-courting those dangers, in fact, whilst seeming to defy them?”<sup>26</sup> The central aspect of this ‘experimental’ path is the knowledge about at least some of the potential dangers of a substance. This knowledge and its defiance render this approach to the use of a substance as morally condemnable by nineteenth-century standards.

The second path towards the use is that of being somehow tricked into consuming the substance, “in pure ignorance of such dangers”, what I term the ‘seductive’ introduction to

---

<sup>23</sup> *Confessions*, p. 9-10.

<sup>24</sup> *Confessions*, p. 10.

<sup>25</sup> C.f. Hayter, *Opium and the Romantic Imagination*, Chapter III.

<sup>26</sup> *Confessions*, p. 15.

drug use. This concerns mainly the flourishing industry of patent medicines, which in the early nineteenth century was under no institutional control, and De Quincey refers to this directly: “oftentimes lozenges, for the relief of pulmonary affections, found their efficacy upon the opium which they contain, [...] though clamorously disavowing so suspicious an alliance”<sup>27</sup>. It is in this context that he first writes of the addictive potential of opium: “multitudes are seduced into a dependency which they had not foreseen upon a drug which they had not known; [...] and thus the case is not rare – that the chain of abject slavery is first detected when it has inextricably wound itself about the constitutional system.”<sup>28</sup> The slavery metaphor is one of the most consistent images in connection with addiction. It can still be found in late twentieth-century anti-drug publications and media presentations on the dangers of ‘drug-abuse’.

The third and final path proposed by De Quincey, the one which he claims led him to the use of opium, is the ‘medicinal’ introduction to drug use, which towards the end of the nineteenth century, as the control of the medical professions over the use of medicines increased, is more and more replaced by iatrogenic use (but which had also occurred before when medicinal use was advocated by doctors). “Simply as an anodyne it was, under the mere coercion of pain the severest, that I first resorted to opium; and precisely that same torment it is, or some variety of that torment, which drives most people to make acquaintance with that same insidious remedy.”<sup>29</sup>

In the twentieth century, other paths towards opiate use have also been given a prominent place on the stage of the drug discourses, e. g. the ‘subcultural’ and the ‘dissident’ uses, as well as the ‘gateway drug’ theory. For the moment, I will not concern myself with these, but discuss them as and when they appear in literature.

After his statement that his use of opium had a medicinal origin, and should therefore be beyond reproach, he is quick to add that he also sees the use of opium for pleasure as a legitimate reason for taking opium, “seeking *extra* power and enjoyment”<sup>30</sup>. He was aware that this would probably be criticised, and thus he needed a justification for seeking pleasures in opium, both in his particular case and for ‘stimulant’ use in general, and did so by comparing it to another psychoactive substance whose use is accepted, a strategy of justification for the use of psychoactive substances still encountered frequently throughout the twentieth century:

And why not? If *that* argued any fault, is it not a fault that most of us commit every day with regard to alcohol? Are we entitled to use *that* only as a medicine? Is wine unlawful, except as an anodyne? I hope not: else I shall

---

<sup>27</sup> *Confessions*, p. 15.

<sup>28</sup> *Confessions*, p. 15.

<sup>29</sup> *Confessions*, p. 15.

<sup>30</sup> *Confessions*, p. 16.

be obliged to counterfeit and to plead some anomalous *tic* in my little finger; and thus gradually, as in any Ovidian metamorphosis, I, that am at present a truth-loving man, shall change by daily inches into a dissembler. No: the whole race of man proclaim it lawful to drink wine without pleading a medical certificate as a qualification. That same license extends itself therefore to the use of opium; what a man may lawfully seek in wine surely he may lawfully find in opium; and much more so in those many cases (of which mine happens to be one) where opium deranges the animal economy less by a great deal than an equivalent quantity of alcohol.<sup>31</sup>

De Quincey's justification for his use of opium for pleasure is, to my knowledge, the first instance of type i. reverse discourse in connection with drug use that can be found in English literature. Being aware that 'stimulant' opium use was seen as deviant, he attempted to modify its perception by representing it as conceptually identical to the use of alcohol. The preceding quote is also the beginning of De Quincey's defence against the accusations made by Coleridge in a letter that was published posthumously. The issue in question is one that arises frequently whenever drugs are consumed: in how far is the use legitimised? What are the reasons for their use? Because opium was not illegal in De Quincey's days, the argument was whether the use was medicinal (justified) or 'stimulant' (stigmatised). Therefore, when De Quincey reacts to the "most unfriendly blows at my supposed voluptuousness in the use of opium"<sup>32</sup>, he does so by stating "that not any search after pleasure, but mere extremity of pain from rheumatic toothache – this and nothing else it was that first drove me into the use of opium"<sup>33</sup>, and he comes to the conclusion that "Coleridge, therefore, and myself, as regards our baptismal initiation into the use of that mighty drug, occupy the very same position."<sup>34</sup> De Quincey's indignation at the accusations lets him dissect and analyse them, and consequently he also analyses what the cause of habituation or addiction may be. This analysis is one of the sections of the *Confessions* in which many of the later attitudes towards, and stereotypes of, addiction may be seen in their embryonic shape:

Any attentive reader [...] will perceive that, whatever may have been the casual *occasion* of mine or Coleridge's opium-eating, this could not have been the permanent *ground* of opium-eating; because neither rheumatism nor toothache is any *abiding* affection of the system. Both are intermitting maladies, and not at all capable of accounting for a *permanent* habit of opium-eating. Some months are requisite to found *that*. Making allowance for constitutional differences, I should say that *in less than 120 days* no habit of opium-eating could be formed strong enough to call for any extraordinary

---

<sup>31</sup> *Confessions*, p. 16.

<sup>32</sup> *Confessions*, p. 16.

<sup>33</sup> *Confessions*, p. 17.

<sup>34</sup> *Confessions*, p. 18.

self-conquest in renouncing it, and even suddenly renouncing it. On Saturday you are an opium-eater, on Sunday no longer such. What was it, after all, that made Coleridge a slave to opium, and a slave that could not break his chain? He fancies, in his headlong carelessness, that he has accounted for this habit and this slavery; and in the meantime he has accounted for nothing at all about which any question has arisen. [...] And when the pain ceased, then the opium should have ceased. Why did it not? Because Coleridge had come to taste the genial pleasure of opium; and thus the very impeachment, which he fancied himself in some mysterious way to have evaded, recoils upon him in undiminished force. The rheumatic attack would have retired before the habit could have had time to form itself. Or suppose that I under-rate the strength of the possible habit – this tells equally in *my* favour [...]. I, boasting not at all of my self-conquests, and owning no moral argument against the free use of opium, nevertheless on mere *prudential* motives break through the vassalage more than once, and by efforts which I have recorded as modes of transcendent suffering. Coleridge, professing to believe (without reason assigned) that opium-eating is criminal, and in some mysterious sense more criminal than wine-drinking or porter-drinking, having, therefore, the strongest *moral* motive for abstaining from it, yet suffers himself to fall into a captivity to this same wicked opium, deadlier than was ever heard of, and under no coercion whatever that he has anywhere explained to us. A slave he was to this potent drug not less abject than Caliban to Prospero – his detested and yet despotic master.<sup>35</sup>

I will now take my turn in dissecting De Quincey's statements in this quote about opium-eating and addiction. De Quincey frequently uses the term 'habit of opium-eating'. In the early nineteenth century, the word 'habit' began to be used colloquially in the sense of 'dependency on a drug' and the 'practice of taking a drug', as well as retaining its meaning of 'a tendency to act in a certain way'<sup>36</sup>. In this section, having been added in the 1856 version of the *Confessions*, the 'habit' would probably have been understood by most readers as meaning a dependency, especially since De Quincey makes frequent use of slavery metaphors that appear to be synonymous with 'habit', e. g. when he calls Coleridge "a slave to opium, and a slave that could not break his chain" or when he proclaims to have broken "through the vassalage". But a synonymous use could not explain his phrasing "this habit and this slavery", nor could it explain the phrase "no habit of opium-eating could be formed strong enough to call for any extraordinary self-conquest in renouncing it". De Quincey had enough experience of opium use to know that one could have a (temporary) "habit of opium-eating" without being truly addicted. What he pointed out, although not explicitly here, was that there is no such thing as a singular drug-taking identity, but that there are many relationships a person can have with a drug, and thus several different drug-taking identities. One could have a "habit" and yet

<sup>35</sup> *Confessions*, p. 20-22.

<sup>36</sup> Cf. *NSOED*, p. 1169.



not be a “slave”. The thin dividing line between drug use and addiction was obscure to most in De Quincey’s days, and it remains so even today for the non-drug-using majority. De Quincey’s statement that he owns “no moral argument against the free use of opium” finds its modern reflection in the liberal objections to prohibitionist legislations, while the notion of opium eating being “criminal, and [...] more criminal than wine-drinking” is the embryonic ‘criminal addict’ paradigm that was the source of the current American approach towards drug legislation, which *de facto* turned addicts into criminals. Many of these themes and notions will recur in several of the novels discussed later in this chapter.

After these general statements about the “habit”, aimed at rejecting Coleridge’s accusations, De Quincey states his own reasons for becoming detrimentally habituated to opium.

What was it that did in reality make me an opium-eater? That affection which finally drove me into the *habitual* use of opium, what was it? Pain was it? No, but misery. Casual overcasting of sunshine was it? No, but blank desolation. Gloom was it that might have departed? No, but settled and abiding darkness.

Total eclipse  
Without all hope of day!

Yet whence derived? Caused by what? Caused, as I might truly plead, by youthful distress in London; were it not that these distresses were due, in their ultimate origin, to my own unpardonable folly; and to that folly I trace many ruins.<sup>37</sup>

Here once again the connection between his teenage ‘folly’ and his later use of opium is spelt out.

In the following passage, he presents his opium use as a deliberate choice. The pattern of ‘kicking the habit’ and ‘relapsing’ presented here can also be found in some of Burroughs’ novels<sup>38</sup> and in *Trainspotting*<sup>39</sup>. The user-authors’ concept of addiction is one where the element of choice plays an important factor, an aspect of addiction that was frequently denied once drug use and addiction had become domains of the medical profession in the second half of the nineteenth century. From the medical point of view that sees addiction as a disease, the ‘diseased’ patient had only one possible choice: whether to let himself be ‘cured’ by the doctor, or to refuse the cure and thus render himself a close relative of the madman—after all, who in his right mind could refuse to be ‘cured’? However, De Quincey, as an author of the pre-disease-theory-era, could still claim to rely on choice as to whether (and how much) he used or abstained.

---

<sup>37</sup>*Confessions*, p. 23.

<sup>38</sup>Cf. 3.5.2 and 4.3.

<sup>39</sup>Cf. 3.6.1

I, for my part, after I had become a regular opium-eater, and from mismanagement had fallen into miserable excesses in the use of opium, did nevertheless, four several times, contend successfully against the dominion of this drug; did four several times renounce it; renounced it for long intervals; and finally resumed it upon the warrant of my enlightened and deliberate judgment, as being of two evils by very much the least. In this I acknowledge nothing that calls for excuse. I repeat again and again, that not the application of opium, with its deep tranquillising powers to the mitigation of evils, bequeathed by my London hardships, is what reasonably calls for sorrow, but that extravagance of childish folly which precipitated me into scenes naturally producing such hardships.<sup>40</sup>

After this, opium leaves the stage of the narrative until the second major part of the novel, ‘The Pleasures of Opium’.

In ‘The Pleasures of Opium’, De Quincey first of all recounts how he was first introduced to “the paradise of opium eaters.”<sup>41</sup> It was in the spring or autumn of 1804 that he first bought and used opium, after the recommendation of opium as a pain-killer by “a college acquaintance”. In this section he practices a two-fold strategy: on the one hand, he mystifies opium and the experiences connected with his introduction to opium, and yet, on the other, wants to divulge knowledge about opium aimed at correcting statements of the ‘scientific’ discourse on the drug. The druggist who first sells him “the celestial drug”<sup>42</sup> he describes as having “ever since figured in my mind as a beatific vision of an immortal druggist, sent down on a special mission to myself.”<sup>43</sup> The experiences of his first use are likewise presented in a mystified and quasi-religious way:

Arrived at my lodgings, it may be supposed that I lost not a moment in taking the quantity prescribed. I was necessarily ignorant of the whole art and mystery of opium-taking; and what I took I took under every disadvantage. But I took it; and in an hour, O heavens I what a revulsion! what a resurrection, from its lowest depths of the inner spirit! what an apocalypse of the world within me. That my pains had vanished was now a trifle in my eyes; this negative effect was swallowed up in the immensity of those positive effects which had opened before me, in the abyss of divine enjoyment thus suddenly revealed. Here was a panacea, a *φάρμακον νηπενθές*, for all human woes; here was the secret of happiness, about which philosophers had disputed for so many ages, at once discovered; happiness might now be bought for a penny, and carried in the waistcoat-pocket, portable ecstasies might be had corked up in a pint-bottle; and peace of mind could be sent down by the mail.<sup>44</sup>

---

<sup>40</sup> *Confessions*, p. 24.

<sup>41</sup> *Confessions*, p. 178.

<sup>42</sup> *Confessions*, p. 180.

<sup>43</sup> *Confessions*, p. 179.

<sup>44</sup> *Confessions*, p. 180.

He is overwhelmed by the ‘stimulant’ effects of opium, by the “portable ecstasies”. It was passages like this one, when quoted on their own and out of context, that caused much criticism of the *Confessions*. However, anyone reading the entire book will be told that such pleasures may also cause equally intense pains. This passage is often quoted as De Quincey’s opinion about opium, yet it is clear (through the context and the use of the past tense) that it refers specifically to his first experience of opium, and the euphoria he experienced on this occasion.

De Quincey reports some knowledge about opium in the subsequent passage (note the present tense):

And, first, one word with respect to its bodily effects; for upon all that has been hitherto written on the subject of opium, whether by travellers in Turkey (who may plead their privilege of lying as an old immemorial right), or by professors of medicine writing *ex cathedra*, I have but one emphatic criticism to pronounce – Nonsense! [...] I do by no means deny that some truths have been delivered to the world in regard to opium: thus, it has been repeatedly affirmed by the learned that opium is a tawny brown in colour – and this, take notice, I grant; secondly, that it is rather dear, which also I grant [...]; and thirdly, that, if you eat a good deal of it, most probably you must do what is disagreeable to any man of regular habits – viz., die. These weighty propositions are, all and singular, true; I cannot gainsay them; and truth ever was, and will be, commendable. But, in these three theorems, I believe we have exhausted the stock of knowledge as yet accumulated by man on the subject of opium. And therefore, worthy doctors, as there seems to be room for further discoveries, stand aside, and allow me to come forward and lecture on this matter.<sup>45</sup>

Here we have De Quincey’s self-legitimation for taking part in the medical discourse on opium. He dismisses the two main sources of knowledge about opium, the orientalist travel literature that used fascination and repulsion as the strategies for relating to the ‘Other’, and medical textbooks that focus on the medicinal aspects of opium, and see in the ‘stimulant’ uses of opium first and foremost an unwanted side-effect. In his “lecture” on the “bodily effects” of opium, he first of all tries to define the ‘stimulant’ effects of opium by opening a new discursive niche for them by differentiating them from ‘intoxication’. He begins by stating the epistemological<sup>46</sup> concept of the ‘stimulant’ effects: “First, then, it is not so much affirmed as taken for granted by all who ever mention opium, formally or incidentally, that it does or can produce intoxication.”<sup>47</sup> He then denies this concept of opium producing intoxication outright, while still allowing for the alcohol in laudanum to produce intoxication. “But crude opium, I affirm peremptorily, is incapable

---

<sup>45</sup>*Confessions*, p. 180-1.

<sup>46</sup>I.e. relating to an episteme in the Foucaultian sense.

<sup>47</sup>*Confessions*, p. 181.

of producing any state of body at all resembling that which is produced by alcohol; and not in *degree* only incapable, but even in *kind*; it is not in the quantity of its effects merely, but in the quality, that it differs altogether.”<sup>48</sup> He does not think it appropriate to speak of the ‘stimulant’ effects of opium in the same terms as used for the intoxication produced by alcohol. He then compares the two by pointing out the differences in the effects caused by the two drugs and comes to the conclusion that “a man who is inebriated [...] is [...] in a condition which calls up into supremacy the merely human [...] part of his nature; but the opium eater [...] feels that the diviner part of his nature is paramount – that is, the moral affections are in a state of cloudless serenity; and high over all the great light of the majestic intellect.”<sup>49</sup> It is clear that De Quincey subscribed to a very limited interpretation of the word ‘intoxication’ as “[t]he action of rendering stupid, insensible, or disordered in intellect”<sup>50</sup> and was unaware of, or ignored (maybe because of the word’s association with ‘poisoning’), another possible meaning as “[t]he action or power of exhilarating or highly exciting the mind”, which is close to his definition of the effects of opium.

A little later in the text, when he writes of an acquaintance of his, a surgeon who used opium regularly and yet, despite his first-hand experience, calls the effects an intoxication, he explains this by stating that

though it was not possible to suppose a medical man unacquainted with the characteristic symptoms of vinous intoxication, yet it struck me that he might proceed on a logical error of using the word intoxication with too careless a latitude, extending it generically to all modes of nervous excitement, instead of restricting it to one special quality of pleasurable elevation, distinguished by well-known symptoms, and connected with tendencies not to be evaded.<sup>51</sup>

Again, he tries to point out that the use of the word ‘intoxication’, for both the effects of alcohol and those caused by opium, places not enough emphasis on the differences between the two mental states. Nonetheless both, as well as the effects caused by most other psychoactive substances, were, and still are today, referred to by the word ‘intoxication’, an indication of his failure to limit the use of the word to the effects of alcohol. ‘Intoxication,’ as a word used in the medical discourses to describe a number of phenomena, was resilient to his attempt to alter its use. De Quincey seems to have been aware that his authority to speak on such subjects would probably be doubted, and he therefore justifies his authority in a passage in which he draws upon humour and almost ridicules the religious connotations of his opium use that he evokes elsewhere.

This is the doctrine of the true church on the subject of opium: of which church I acknowledge myself to be the Pope (consequently infallible), and

---

<sup>48</sup>*Confessions*, p. 181.

<sup>49</sup>*Confessions*, p. 183.

<sup>50</sup>*OED*, Vol. V., p. 433.

<sup>51</sup>*Confessions*, p. 185-6.

self-appointed *legate â latere* to all degrees of latitude and longitude. But then it is to be recollected that I speak from the ground of a large and profound personal experience, whereas most of the unscientific authors who have at all treated of opium, and even of those who have written professionally on the *materia medica*, make it evident, by the horror they express of it, that their experimental knowledge of its action is none at all.<sup>52</sup>

De Quincey's insistence on the differentiation between alcoholic intoxication and the 'stimulant' effects of opium raises the question of why he felt the need to distinguish between the two. It is obvious that he was in favour of the (moderate and controlled) 'stimulant' use. His views expressed of the negative effects of alcoholic intoxication, when he compares it with the effects of opium, can be seen as a representative view of the middle class, which, while accepting the use of alcohol, demands a certain moderation. While it was acceptable to drink, it was seen as a sign of immoderation or voluptuousness to be truly drunk, or completely 'out of it', which was mainly connected with the working-class use of alcohol, or with upper-class decadence (a notion that still lives on in the phrase 'to be drunk as a lord'). The middle class tried to distance itself from such immoderation. This is why De Quincey apparently felt it necessary to separate opium-eating from the referential framework of alcoholic intoxication and why he devotes several pages to the correction of this "first and leading error in respect to opium"<sup>53</sup>.

The other two errors that he feels it necessary to correct are "that the elevation of spirits produced by opium is necessarily followed by a proportionate depression, and that the natural and even immediate consequence of opium is torpor and stagnation, animal as well as mental."<sup>54</sup> That a depression inevitably follows the use of opium he simply denies, stating "that for ten years during which I took opium not regularly, but intermittingly, the day succeeding to that on which I allowed myself this luxury was always a day of unusually good spirits."<sup>55</sup> In this instance, as with many others in the text, it is important to notice the exact wording of his claims for opium. What he denies is not that the use of opium *may* be followed by depression, but that the use *necessarily* causes a depression.

The following passage, his denial of the third "error" is interesting because it shows that he felt no affinity to the oriental Other where opium use was common. De Quincey is aware of the shaping influence of travel writing and other representations of the orient when he denies "the torpor supposed to follow, or rather (if we were to credit the numerous pictures of Turkish opium-eaters) to accompany" opium use. He acknowledges that "opium is classed under the head of narcotics, and some such effect it may produce in the end; but the primary effects of opium are always, and in the highest degree, to excite and

---

<sup>52</sup>*Confessions*, p. 183-4.

<sup>53</sup>*Confessions*, p. 187.

<sup>54</sup>*Confessions*, p. 187.

<sup>55</sup>*Confessions*, p. 187.

stimulate the system”<sup>56</sup> and states that if the “narcotic influence” makes itself be undesirably felt, this must be due to a wrong timing of the intake, “the fault of the opium-eater himself”. In the following quote, he tries to disconnect opium use from the orientalist stereotypes and to translate the practice of opium-eating into an English context, to appropriate opium use from the ‘Other’.

Turkish opium-eaters, it seems, are absurd enough to sit, like so many equestrian statues, on logs of wood as stupid as themselves. But, that the reader may judge of the degree in which opium is likely to stupefy the faculties of an Englishman, I shall (by way of treating the question illustratively, rather than argumentatively) describe the way in which I myself often passed an opium evening in London during the period between 1804 and 1812. It will be seen, that at least opium did not move me to seek solitude, and much less to seek inactivity, or the torpid state of self-involution ascribed to the Turks.<sup>57</sup>

This is the introduction to his description of how he used opium for its ‘stimulant’ effects, when opium had not yet revealed its ‘pains’ to him. He claims to have planned when and how he “would commit a debauch of opium” beforehand, and that this rarely happened “more than once in three weeks”<sup>58</sup>. Such moderate use of opium is unlikely to produce addiction and thus does not lead to noteworthy withdrawal symptoms. The first of his favourite pastimes after taking opium was going to the opera. This he presents as an intellectual pleasure, and he uses this in his attempts to appropriate opium use for English society. He tries to distance himself from the orientalist stereotype of the Turkish opium-eater:

I question whether any Turk, of all that ever entered the paradise of opium-eaters, can have had half the pleasure I had. But, indeed, I honour the barbarians too much by supposing them capable of any pleasures approaching to the intellectual ones of an Englishman. For music is an intellectual or a sensual pleasure, according to the temperament of him who hears it.<sup>59</sup>

The association of his opium use with the appreciation of music and the opera is an attempt to transvalue opium use, to remove the association with the passivity of the stereotypical oriental opium users.

The second of his favourite pastimes was to wander around London on Saturday nights and mingle with the ‘common’ people, to witness “the pleasures of the poor, their hopes, their consolations of spirit, and their restings from toil”<sup>60</sup>. However, despite the activity presented by him here as a defence against the claim that opium *necessarily* caused torpor,

---

<sup>56</sup>*Confessions*, p. 187.

<sup>57</sup>*Confessions*, p. 187.

<sup>58</sup>*Confessions*, p. 188.

<sup>59</sup>*Confessions*, p. 189.

<sup>60</sup>*Confessions*, p. 191.

and like the claims made by him against the notion of inevitable depression, there is another side to it:

Thus I have shown, or tried to show, that opium does not of necessity produce inactivity or torpor; but that, on the contrary, it often led me into markets and theatres. Yet, in candour, I will admit that markets and theatres are not the appropriate haunts of the opium-eater, when in the divinest state incident to his enjoyment. In that state, crowds become an oppression to him; music, even, too sensual and gross. He naturally seeks solitude and silence, as indispensable conditions of those trances, or profoundest reveries, which are the crown and consummation of what opium can do for human nature.<sup>61</sup>

The “divinest state”, as De Quincey calls it, is a trance-like one, and I fail to see any difference between this state and the “torpor” he attributes to Turkish opium-eaters. He describes how, “In after years” he would sit at an open window “all through the hours of the night, [...] motionless, as if frozen, without consciousness of myself as of an object anywise distinct from the multiform scene”<sup>62</sup> that he observed, yet fails to distinguish that state from those of the Turks who are “absurd enough to sit [...] on logs of wood”. He simply casts his English identity as better than that of any individual belonging to the ‘Other’.

While the arguments he used to point out that opium use was unlike the stereotypes of opium use (the ‘errors’) to be found in the popular discourse of the time are not very convincing, they are nonetheless remarkable as an early attempt to oppose the dominant discourse on opium.

Before he moves on in his narrative, to the time when he had become a ‘regular’ opium-eater, there is a paragraph that might best be described as a ‘prayer’ to opium. This paragraph once again evokes religious connotations and lets opium appear as if it were a wrathful god to be pacified, expressing admiration and submissiveness. The ways in which he addresses opium sound like the prayers of a believer to his god: “O just, subtle, and all-conquering opium!”, “eloquent opium”, “O just and righteous opium!”, “Thou only givest these gifts to man; and thou only hast the keys of Paradise, O just, subtle and mighty opium!”<sup>63</sup>

When the narrative has jumped the eight years to 1812, he proclaims to have been of excellent health during this period as “a *dilettante* eater of opium”<sup>64</sup>, and states that during these eight years he did not become habituated to opium because of “the single precaution of allowing sufficient intervals between every indulgence”<sup>65</sup> and that “To this

---

<sup>61</sup> *Confessions*, p. 193-4.

<sup>62</sup> *Confessions*, p. 194.

<sup>63</sup> *Confessions*, p. 195.

<sup>64</sup> *Confessions*, p. 198.

<sup>65</sup> *Confessions*, p. 198.

moderation and temperate use of the article I may ascribe it [...], that as yet at least [...] I am ignorant and unsuspicious of the avenging terrors which opium has in store for those who abuse its long-suffering.”<sup>66</sup> However, only one year later he “became a regular and confirmed (no longer an intermitting) opium-eater”<sup>67</sup> due to a “malady” that he is unwilling to describe in detail despite laying himself “open to the misconstruction of having slipped by the easy and gradual steps of self-indulging persons, from the first to the final stage of opium eating”<sup>68</sup>. The transition from “*dilettante*” to “regular and confirmed” opium-eater remains obscure. However, it is clear that De Quincey believed in different types of opium-eater. The “amateur” opium-eater taking opium for its ‘stimulant’ effects is to him something distinct from the habituated (or addicted) opium eater. These are the two (English) types of opium eater, the two drug-taking identities that De Quincey tried to point out the differences between. Yet, the readers could decide which of the two was the “English Opium-Eater” referred to in the title of the book; those who were interested in experimenting with opium could identify the “English Opium-Eater” with the ‘amateur’ user seeking ‘stimulant’ effects prominent in the ‘Pleasures of Opium’, while those who were appalled by the idea of opium-eating could identify him with the “regular and confirmed”<sup>69</sup> opium-eater of the ‘Pains of Opium’.

To the ‘addict’ opium-eater, opium was an indispensable part of his metabolism: “a regular and confirmed opium-eater, of whom to ask whether on any particular day he had or had not taken opium, would be to ask whether his lungs had performed respiration, or the heart fulfilled its functions.”<sup>70</sup>

His regular use of large quantities of laudanum was not without negative side-effects. The next temporal jump in the narrative takes the reader to 1816, which he claims to have been his happiest year, which “stood [...] as a parenthesis between years of gloomier character”, years that were characterised by “the gloomy umbrage of opium.”<sup>71</sup> One major reason of his well-being is the reduction of his opium intake from eight thousand drops of laudanum per day to only one thousand, “without any considerable effort”<sup>72</sup>. The result of this reduction, which, as he still took some opium, probably did not cause any severe withdrawal symptoms, is that “Instantaneously, and as if by magic, the cloud of profoundest melancholy which rested upon my brain, like some black vapours that I have seen roll away from the summit of a mountain, drew off in one week”<sup>73</sup>. The

---

<sup>66</sup>*Confessions*, p. 198.

<sup>67</sup>*Confessions*, p. 198.

<sup>68</sup>*Confessions*, p. 199.

<sup>69</sup>*Confessions*, p. 200.

<sup>70</sup>*Confessions*, p. 200.

<sup>71</sup>*Confessions*, p. 201.

<sup>72</sup>*Confessions*, p. 201.

<sup>73</sup>*Confessions*, p. 202.



description of his happiness during that year is one of rural bliss, living in a cottage in the Lake District with his library and a housekeeper. During this year the episode with the Malay occurred, who De Quincey claims to have appeared on his doorstep one day. Several of the scholars working on De Quincey and some of his biographers find this event dubitable, and there is no means of ascertaining whether it really happened, or whether De Quincey imagined it in an opium reverie. However, the Malay was to become a recurring figure in De Quincey's troublesome opium dreams. His description of the Malay is full of racist stereotypes: "the sallow and bilious skin of the Malay, veneered with mahogany tints by climate and marine air, his small, fierce, restless eyes, thin lips, slavish gestures and adorations."<sup>74</sup> The communication between the two is hindered, as he wrote, by his lack of knowledge of "Oriental tongues, [...] being, indeed, confined to two words – the Arabic word for barley, and the Turkish for opium (*madjoon*), which I have learned from *Anastasius*."<sup>75</sup> Here is a classic example of a misrepresentation of psychoactive substances that is perpetuated through literary discourse: *majoon*, as it is nowadays commonly called, is a candy containing cannabis, and usually no opium at all. In a novel proclaiming to speak the truth about opium, errors too are perceived to be truth, and this may lead to further perpetuation of misconceptions.

On parting, after the Malay had slept for an hour and done nothing else that De Quincey felt it necessary to report, he gives the Malay some opium. "To him, as a native of the East, I could have no doubt that opium was not less familiar than his daily bread; and the expression of his face convinced me that it was."<sup>76</sup> However, the Malay eats it all at once, which worries De Quincey: "The quantity was enough to kill some half dozen dragoons, together with their horses, supposing neither bipeds nor quadrupeds to be regularly trained opium-eaters."<sup>77</sup> But he does not feel that he can do anything about it, and lets the Malay go, and to his relief does not hear about any dead foreigners being found on the road during the next days.

The happiness De Quincey described did not last, and he finishes 'The Pleasures of Opium' with a glimpse of what is to follow:

But now farewell, a long farewell, to happiness, winter or summer! farewell to smiles and laughter! farewell to peace of mind, to tranquil dreams, and to the blessed consolations of sleep! For more than three years and a-half I am summoned away from these. Here opens upon me an Iliad of woes: for I now enter upon –<sup>78</sup>

The elliptical last sentence is completed by the caption of the third major part of the

---

<sup>74</sup>*Confessions*, p. 204.

<sup>75</sup>*Confessions*, p. 204.

<sup>76</sup>*Confessions*, p. 205.

<sup>77</sup>*Confessions*, p. 205.

<sup>78</sup>*Confessions*, p. 211.

*Confessions*: “*The Pains of Opium*”<sup>79</sup>. This part begins with some “explanatory notes”<sup>80</sup>, which are greatly expanded in the 1856 version of the *Confessions*, and in which he once again describes the effects of opium, but this time from many more years’ experience as an opium user:

The fact is, I imagine myself writing at a distance of twenty – thirty – fifty years ahead of the present moment, either for the satisfaction of the few who may then retain any interest in myself, or of the many (a number that is sure to be continually growing) who will take an inextinguishable interest in the mysterious powers of opium. For opium *is* mysterious; mysterious to the extent, at times, of apparent self-contradiction; and *so* mysterious, that my own long experience in its use – sometimes even in its abuse – did but mislead me into conclusions ever more and more remote from what I now suppose to be the truth. [...] I may describe myself as experimentally acquainted with opium for something more than half-a-century. What, then, is my final report upon its good and evil results? In particular, upon these two capital tendencies of habitual opium-eating under the popular misconceptions; viz., its supposed necessity of continually clamouring for increasing quantities; secondly, its supposed corresponding declension in power and efficacy.<sup>81</sup>

The “popular misconceptions” are the normal effects of tolerance, which develops whenever opiates are consumed regularly for a prolonged period. However, an addiction can be sustained without increasing the dose, yet with decreasing positive (‘stimulant’) effects. De Quincey, for most of his ‘career’ as an opium-eater, was able to control his intake, yet he was aware that careful scrutiny of the habits of consumption is needed in order to be able to minimise the detrimental effects.

With respect to the morbid growth upon the opium-eater of his peculiar habit, when once rooted in the system, and throwing out *tentacula* like a cancer, it is out of my power to deliver any such oracular judgment upon the case – *i.e.*, upon the apparent danger of such a course, and by what stages it might be expected to travel towards its final consummation – as naturally I should wish to do. [...] But, in this particular instance before me, the accident of my own individual seamanship in presence of this storm interfered with the natural evolution of the problem in its extreme form of danger. I had become too uneasy under the consciousness of that intensely artificial condition into which I had imperceptibly lapsed through unprecedented quantities of opium; the shadows of eclipse were too dark and lurid not to rouse and alarm me into a spasmodic effort for reconquering the ground which I had lost. Such an effort I made: every step by which I had gone astray, did I patiently unthread.<sup>82</sup>

This quote shows how aware De Quincey was about the necessity for self-control in connection with the use of opium. He proclaims opium to be dangerous, and attributes the

---

<sup>79</sup>*Confessions*, p. 212.

<sup>80</sup>*Confessions*, p. 212.

<sup>81</sup>*Confessions*, p. 214-5.

<sup>82</sup>*Confessions*, p. 217.

fact that he avoided the “morbid growth” of his habit to his own self-conduct, reducing his dosage after being alarmed by the “shadows of eclipse”. This quote is one of the earliest instances where the cancer metaphor for drug use<sup>83</sup> is used in literature, although it differs from its dominant current use, where drugs are sometimes likened to a cancer in society. De Quincey used it as a metaphor for the control that he believed opium to have over an addict. His awareness of the dangers of habituation to heavy opium use, however, did not prevent him from relapsing into opium use after periods of abstinence, “where for six months ‘opium’ was a word unknown.”<sup>84</sup> This ‘see-sawing’ pattern of ‘kicking’ and ‘relapsing’ can be found in several novels told by addict-narrators. Occasional withdrawal is a frequent feature in the stories told by these narrators, and later novels often contain descriptions of the ‘cures’ the characters and narrators used. Characters get used to withdrawals, and this also happened to De Quincey.

Thus it was that I never followed out the seductions of opium to their final extremity. But, nevertheless, in evading that extremity, I stumbled upon as great a discovery as if I had *not* evaded it. After the first or second self-conquest in this conflict – although finding it impossible to persist through more than a few months in the abstinence from opium – I remarked, however, that the domineering tyranny of its exactions was at length steadily declining. Quantities noticeably less had now become sufficient: and after the fourth of these victories, won with continually decreasing efforts, I found that not only had the daily dose (upon relapsing) suffered a self-limitation to an enormous extent, but also that, upon any attempt obstinately to renew the old doses, there arose a new symptom [...] which soon became unsupportable, and tended to distraction. In about four years, without any further efforts, my daily ration had fallen *spontaneously* from a varying quantity of eight, ten, or twelve thousand drops of laudanum to about three hundred.<sup>85</sup>

De Quincey’s conclusions from his experiences of withdrawal and reduction amount to the conclusion that it is not impossible to free oneself “from the yoke of opium”<sup>86</sup>, and from this I deduct that he did not believe the opium-eating identities, both of the ‘casual’ and the ‘regular’ kind, to be permanent identities, but that an element of choice always remained. This is a notion that can also be found in later addict-narrated books, and, as in the *Confessions*, the choice is usually not represented by the addict-narrators in terms of ‘good’ abstinence versus ‘bad’ use. The element of choice is also one of the main arguments against the ‘disease’ theory of addiction. According to De Quincey, the user can achieve his own ‘cure’.

My first proposition, therefore, amounts to this – that the process of weaning one’s-self from the deep bondage of opium, by many people viewed with

---

<sup>83</sup>Cf. Susan Sontag, *Illness as Metaphor / Aids and Its Metaphors*.

<sup>84</sup>*Confessions*, p. 218.

<sup>85</sup>*Confessions*, p. 219-20.

<sup>86</sup>*Confessions*, p. 220.

despairing eyes, is not only a possible achievement, and one which grows easier in every stage of its progress, but is favoured and promoted by nature in secret ways that could not, without some experience, have been suspected.<sup>87</sup>

Since the appropriation of the opium-eater as an object of the medical sciences was in its infancy when De Quincey (re-)wrote the 1856 version of the *Confessions*, there is no mention of the medical ‘cures’ for the ‘habit’ that were to become so popular with the medical professions towards the end of the nineteenth century. The individual and his will, and the aid of nature, are presented as the keys to controlling addiction. At the same time, a non-professional like De Quincey could still make proposals for possible medical and medicinal uses of opium, especially since opium, as a ‘cure-all’, was used by doctors and folk-medicine alike for all kinds of complaints. His proposition of opium as a cure against ‘pulmonary consumption’ was backed by the practice of using opium for many bronchial illnesses. Since he believed himself to be “a martyr-elect to pulmonary consumption”<sup>88</sup>, he attributed his not getting ‘pulmonary consumption’ to opium.

What was it that first arrested [the symptoms]? Simply the use, continually becoming more regular, of opium. Nobody recommended this drug to me; on the contrary, under that ignorant horror which everywhere invested opium, I saw too clearly that any avowed use of it would expose me to a rabid persecution. Under the sincere and unaffected hope of saving me from destruction, I should have been hunted into the grave within six months. I kept my own counsel; said nothing; awakened no suspicions; persevered more and more determinately in the use of opium; and finally effected so absolute a conquest over all pulmonary symptoms [...].<sup>89</sup>

This quote shows nicely some of the effects that a negative public opinion about a drug has on the user, the bio-politics of drug use. The user, for fear of reprisals, keeps his use a secret from others (“said nothing; awakened no suspicions”). This demands increased self-control from the user in so far, as he has to arrange that his use of a drug is not detected. The dilemma for the user is spelt out by De Quincey in a footnote explaining the “persecution”.

*Rabid persecution* – I do not mean that, in the circumstances of my individual position, my opening could have arisen to an opposition more than verbal; since it would have been easy for me at all times to withdraw myself by hundreds of leagues from controversies upon the case. But the reasons for concealment were not the less urgent. For it would have been painful to find myself reduced to the dilemma of either practising habitual and complex dissimulation, or on the other hand, of throwing myself headlong into that fiery vortex of hotheaded ignorance upon the very name of opium, which to

---

<sup>87</sup>*Confessions*, p. 221.

<sup>88</sup>*Confessions*, p. 224.

<sup>89</sup>*Confessions*, p. 225-6.

this hour (though with less of rancorous bigotry) makes it hazardous to avow any daily use of so potent a drug.<sup>90</sup>

The options available to the user are to either hide the use, or to make himself the object of often unqualified criticism, because the discourse on drugs frequently allows only for ‘either - or’ distinctions and not for subtly differentiated views on different patterns of drug use. De Quincey wanted opium use to be seen as something that demanded such a detailed differentiation. I believe that this was one of the main objectives of De Quincey in his rewriting the *Confessions* for the 1856 version, since many of the added passages deal with popular reactions to opium use and the one-sidedness of the dominant discourses on opium. He states that “I had always fixed my eyes and my expectations upon a revolution in the social history of opium, which could not (as I assured myself) by accident or by the art be materially deferred.”<sup>91</sup> An instance of such a change in the perception of opium that he anticipated was that life-insurance companies would cease to see opium simply as something that would shorten the life of an individual and thus be a ground for refusing to insure the user. Prompted by his correspondence with “Mr. Tait, surgeon to the Police Force in Edinburgh”<sup>92</sup>, who had been asked by insurance agencies to determine the risks of opium taking, but who died before he could publish his results, De Quincey draws the conclusion that the *use* of opium should be seen as a possible indicator “of some secret distress or irritation”<sup>93</sup> that might then be a reason for refusing an insurance, but not the fact of somebody’s use of opium itself, because that might have reasons other than illness.

In all such circumstances, the insurance office is entitled to call for a frank disclosure of the ailment; but not, as hitherto, entitled to assume the opium as itself an ailment. It may very easily have happened, that simply the genial restoration derived from opium, its power of qualifying a man suddenly to face (that is, upon an hour’s warning to face) some twelve hours’ unusual exertion, qualifying him both as to spirits and as to strength; or again, simply the general purpose of seeking relief from ennui, or *tædium vitæ* – any one of these motives may satisfactorily account for the applicant’s having resorted to opium. He might reply to the office in Professor Wilson’s word, ‘Gentlemen, I am a *hedonist* and, if you *must* know why I take opium, that’s the reason why.’ But still, upon every admission from a candidate that he took opium, it would be a prudent question and a just question on the part of the office, to ask ‘why’; and in what circumstances the practice had originated.<sup>94</sup>

He reasserts the ‘stimulant’ uses of opium and objects to seeing opium use as an “ailment”. Although at times obscure, De Quincey portrayed the positive and negative effects of opium, its uses and abuses, without limiting himself to one point of view. The

---

<sup>90</sup>*Confessions*, p. 226.

<sup>91</sup>*Confessions*, p. 226.

<sup>92</sup>*Confessions*, p. 227.

<sup>93</sup>*Confessions*, p. 229.

<sup>94</sup>*Confessions*, p. 229.

great achievement of De Quincey in his *Confessions* was to repeat, again and again, that the properties assigned to opium were not ‘either - or’ good, bad, ‘stimulant’, medicinal, harmless, harmful, but very often *both*. His call for individual assessment of the effects of the use on a person dates from an era when the discourse on drugs had not yet petrified into a dispute between two juxtaposed positions — being either pro-drug or anti-drug — as was the case in most of the twentieth century. His position is closer to an *anti-anti-drug* stance as taken for example by Driscoll in *Reconsidering Drugs*. The *Confessions*, in particular in the 1856 version, do not focus on either the positive ‘stimulant’ and ‘medicinal’ effects of opium, or the negative effects like addiction or withdrawal, but they include both, the positive and the negative, thus giving the reader and the potential user information that can be used for making an informed choice.

One aspect of opium use portrayed in the *Confessions* that is likely to deter would-be users, is the “intellectual torpor” that De Quincey felt when he was a heavy user, while “under the Circean spells of Opium”<sup>95</sup>. The pleasures that De Quincey derived from the occasional use of opium, stand in stark contrast to both the dreams that haunt him, and his incapability to lead a normal life as a heavy user.

I shall not afterwards allude to this part of the case; it is one, however, which the opium-eater will find, in the end, most oppressive and tormenting, from the sense of incapacity and feebleness, from the direct embarrassments incident to the neglect or procrastination of each day’s appropriate labours, and from the remorse which must often exasperate the stings of these evils to a conscientious mind. The opium-eater loses none of his moral sensibilities or aspirations; he wishes and longs as earnestly as ever to realise what he believes possible, and feels to be exacted by his duty; but his intellectual apprehension of what is possible infinitely outruns his power, not of execution only, but even of proposing or willing. He lies under a world’s weight of incubus and nightmare; he lies in sight of all that he would fain perform, just as a man forcibly confined to his bed by the mortal languor of paralysis, who is compelled to witness injury or outrage offered to some object of his tenderest love: – he would lay down his life if he might but rise and walk; but he is powerless as an infant, and cannot so much as make an effort to move.<sup>96</sup>

The opium-eater is presented here as incapacitated by opium. He is not changed in his character, only his ability to act is paralysed. The user is not turned into something belonging to the ‘Other’ by taking opium, but is still the same. Yet, the dreams, which were so important to De Quincey that he pronounces them to be the “final object of the whole record” and that “[f]or the sake of those the entire narrative arose”<sup>97</sup>, seem to be dominated by the ‘Other’, or rather his fear of the ‘Other’ in the form of the orient.

---

<sup>95</sup>*Confessions*, p. 233.

<sup>96</sup>*Confessions*, p. 234.

<sup>97</sup>*Confessions*, p. 213.

In China, over and above what it has in common with the rest of Southern Asia, I am terrified by the modes of life, by the manners, by the barrier of utter abhorrence placed between myself and *them*, by counter-sympathies deeper than I can analyse. I could sooner live with lunatics, with vermin, with crocodiles or snakes. All this, and much more than I can say, the reader must enter into before he can comprehend the unimaginable horror which these dreams of oriental imagery and mythological tortures impressed upon me. Under the connecting feeling of tropical heat and vertical sunlights, I brought together all creatures, birds, beasts, reptiles, all trees and plants, usages and appearances, that are found in all tropical regions, and assembled them together in China or Hindostan. From kindred feelings, I soon brought Egypt and her gods under the same law. I was stared at, hooted at, grinned at, chattered at, by monkeys, by paroquets, by cockatoos. I ran into pagodas, and was fixed for centuries at the summit, or in secret rooms; I was the idol; I was the priest; I was worshipped; I was sacrificed. I fled from the wrath of Brama through all the forests of Asia; Vishnu hated me; Seeva lay in wait for me. I came suddenly upon Isis and Osiris: I had done a deed, they said, which the ibis and the crocodile trembled at. Thousands of years I lived and was buried in stone coffins, with mummies and sphinxes, in narrow chambers at the heart of eternal pyramids. I was kissed, with cancerous kisses by crocodiles, and was laid, confounded with all unutterable abortions, amongst reeds and Nilotic mud.<sup>98</sup>

The effect of the dreams on De Quincey is that he is “awestruck at the approach of sleep”<sup>99</sup> and, in the end, they led him to a drastic reduction of his opium intake. He points towards the physical pains of withdrawal.

Nothing short of mortal anguish, in a physical sense, it seemed, to wean myself from opium; yet, on the other hand, death through overwhelming nervous terrors – death by brain fever or by lunacy – seemed too certainly to besiege the alternative course. Fortunately I had still so much of firmness left as to face that choice, which, with most of instant suffering, showed in the far distance a possibility of final escape.<sup>100</sup>

Yet this escape was to him only a “particular stage in my opium experiences (for such it was – simply a provisional stage, that paved the way subsequently for many milder stages, to which gradually my constitutional system accommodated itself)”<sup>101</sup>. De Quincey continued to take opium, despite the victory over opium that he proclaimed in the 1821 version of the *Confessions*, but in a more moderate fashion, careful not to repeat the “miserable excesses in the use of opium” that were the result of his “mismanagement”<sup>102</sup> of opium-eating.

---

<sup>98</sup> *Confessions*, p. 243-4.

<sup>99</sup> *Confessions*, p. 248.

<sup>100</sup> *Confessions*, p. 248-9.

<sup>101</sup> *Confessions*, p. 249.

<sup>102</sup> *Confessions*, p. 24.

De Quincey takes care to spell out the “moral” of his *Confessions*, he does not condemn opium use, but wants the (potential) opium-eater to be aware and wary of the negative effects of opium. He did not believe opium-eating to be amoral, as it would be perceived by the temperance movements in the second half of the nineteenth century, but merely advised moderation, and pointed out that the opium-eater can quit his habit even if the drug has been used or abused for many years, if he can be motivated to do so.

The moral of the narrative is addressed to the opium-eater; and therefore, of necessity, limited in its application. If he is taught to fear and tremble, enough has been effected. But he may say that the issue of my case is at least a proof that opium, after an eighteen years’ use, and an eight years’ abuse of its powers, may still be renounced; and that he may chance to bring to the task greater energy than I did, or that, with a stronger constitution, he may obtain the same results with less. This may be true; I would not presume to measure the efforts of other men by my own. Heartily I wish him more resolution; heartily I wish him an equal success. Nevertheless, I had motives external to myself which he may unfortunately want; and these supplied me with conscientious supports, such as merely selfish interests might fail in supplying to a mind debilitated by opium.<sup>103</sup>

Although at times confusing and seemingly contradictory, the *Confessions*, as the account of someone who experienced both the positive and negative effects of opium-eating, the pleasures and the pains, can be seen as an appeal to acknowledge both instead of focusing on one. He denies several of the preconceived ideas that were part of the discourse on opium in the first half of the nineteenth century to show that they were only a part of the truth and that effects and uses of opium were by far more complex than was commonly believed. In addition, he tried to represent opium use as a behaviour that was practiced widely by different segments of society and which should not be seen as a deviant practice, but as acceptable and justified as the use of alcohol was. This can be seen as an attempt to create a high consensus for the use of opium.

De Quincey did not postulate a uniform identity for the opium-eater, but differentiated between ‘stimulant’, medicinal and habitual use of opium. As a pre-disease-theory author, the two opium eating identities he proposes — the ‘amateur’ and the ‘regular and confirmed’ — differ significantly from the later ‘addict’, in particular with regard to the dimensions introduced in table 2.2. The drug-using behaviour in both types of opium-eater has an internal locus, the ‘amateur’ opium-eater’s behaviour is represented as unstable and controllable, while the ‘regular and confirmed’ opium-eater’s behaviour is predominantly stable but still controllable, as De Quincey’s representations of the reductions of the amount of opium he consumes and the occasional phases of complete abstinence in-

---

<sup>103</sup>*Confessions*, p. 249-50.



tend to show. Medicinal use of opium is not represented as leading to the creation of an opium eating identity.

In his *Confessions*, De Quincey tried to create English opium eating identities distinct from the stereotypes portrayed in travel literature. In this, however, he only partially succeeded. There were many voices in the early nineteenth-century discourse on opium that remain silent in my discussion of the *Confessions*, opinions and statements that would have to be researched for a complete account of the cultural history of the discursive construction of the ‘addict’, but as I am primarily writing about the construction of the ‘addict’ *in* and *through* literature, I take the liberty of omitting them here. The descriptions in the *Confessions* of the effects of opium and De Quincey’s denial of what he believes to be “errors” in the discourse on opium are important for the construction of the ‘addict’ because the opium-eating identities he presents, as precursors of the ‘addict’, had a profound effect on the discourses on drug-users and were an early incitement to discourse.

The next two novels that I will discuss here were not so effective as incitements to discourse, but neither was that their main intent. *The Moonstone* by Wilkie Collins and *The Mystery of Edwin Drood* by Charles Dickens use opium for a desired effect, the creation of suspense. They serve as examples of how the discourse on opium in the second half of the nineteenth century increasingly turned towards seeing opium-use as ‘abnormal’, as something connected to crime and deviancy.

### 3.2 Wilkie Collins: *The Moonstone* (1868)

Wilkie Collins' *The Moonstone*<sup>104</sup> is a borderline case in the history of opium in literature. Although the opium use presented in the novel is almost solely of medical nature, it is at the same time the cause of and the key to solving the crime – the theft of the diamond called the Moonstone – around which this first English detective novel revolves. Therefore it can be analysed as an early instance of connecting the (in this case involuntary) use of a drug with the committing of a crime. In later novels, this strategy is sometimes employed to show the depravity of the addict-characters, and sometimes the authors go so far as to present the use of a drug as the source of the depravity. Therefore it is not very surprising that there was little resistance when legislators turned the possession and use of drugs into a crime itself – a nexus between drug use and crime had already been well established.

A different reading of the novel presents it as a defence of medical opium use, in order to avoid the stigmatisation of opium use as a hedonistic indulgence. First published twelve years after De Quincey's revised version of the *Confessions* and in the same year that Parliament passed the Pharmacy Act, the notion of 'stimulant' opium use was well known among the reading public. As the controversy between De Quincey and Coleridge about the sources of their habitual use of opium – whether they took it out of medical necessity or because of unrestrained indulgence in the pleasures of opium – shows, regular opium use had to be justified. Since Wilkie Collins himself took opium as a pain-killer, he may have felt a need to present an account of opium use that is justified on medical grounds, in order to avoid reproaches for his personal use. In his '*Preface to a New Edition*', composed in May 1871, he writes that during the composition of the novel he was "crippled in every limb by the torture of rheumatic gout."<sup>105</sup> He avoids writing of his own use of opium<sup>106</sup>, but lets one of the characters put forward a similar case of unavoidable opium use.

The novel is divided into two major sections, relating the events during two 'periods'. The "First Period", telling of "*The Loss of the Diamond (1848)*"<sup>107</sup> is narrated by the single voice of Lady Verinder's house-steward, Gabriel Betteredge. The action is centred around Lady Verinder's country house and the narrative describes the events prior to the mysterious disappearance of a valuable diamond belonging to Rachel, Lady Verinder's daughter, and the fruitless attempts by family members and the detective Sergeant Cuff to solve the mystery and retrieve the jewel.

---

<sup>104</sup>Wilkie Collins, *The Moonstone*, (Ware: Wordsworth Editions Ltd., 1999), originally published in a serialised version from January to August 1868.

<sup>105</sup>*The Moonstone*, p. 5.

<sup>106</sup>Cf. the introduction to the Wordsworth Editions version of *The Moonstone*, p. xiii f.

<sup>107</sup>*The Moonstone*, p. 13.

The “Second Period”, sub-titled “*The Discovery of the Truth (1848 – 1849)*”, is divided into eight ‘narratives’ by different characters, enlightening the reader about different occurrences that all contribute to solving the riddle. I will mainly concern myself with two of them, the third ‘narrative’ — written from the perspective of Franklin Blake, Lady Verinder’s nephew, who had brought the diamond to the house and also caused its disappearance while under the influence of a dose of laudanum administered to him without his knowledge by Mr Candy, the family doctor — and the fourth ‘narrative’, which the sub-caption claims to have been “Extracted from the Journal of Ezra Jennings”<sup>108</sup>, who is Mr Candy’s assistant and a ‘medical opium’ user.

However, the first mention of opium use in the novel is one which stands in line with many other accounts of opium use by dubious characters. The character in question is Lady Verinder’s brother and the family outcast, Colonel John Herncastle, who had brought the diamond called the ‘Moonstone’ into his possession in India under questionable circumstances. Gabriel Betteredge, the narrator of the ‘First Period’ of the novel and house-steward to Lady Verinder, has this to say about him:

We heard different rumours about him from time to time. Sometimes they said he was given up to smoking opium and collecting old books; sometimes he was reported to be trying strange things in chemistry – sometimes he was seen carousing and amusing himself among the lowest people in the lowest slums of London. Anyhow, a solitary, vicious, underground life was the life the Colonel led.<sup>109</sup>

Later in the text, the Colonel is said to have “been a notorious opium-eater for years past”<sup>110</sup>. These characterisations present opium use as somehow deviant, reflecting the common opinions about ‘stimulant’ opium use, which were that it constituted a kind of eccentricity if committed by a member of the upper classes, while being perceived as a ‘vice’ if practised by the working classes. In the case of the Colonel, it lends him a certain mysteriousness, a habit, if it was one, picked up probably in India, like the Moonstone itself.

Since the Colonel has already died at the time at which the novel is set (1848), he is not developed any further as a character. The Moonstone is left to Lady Verinder’s daughter, Rachel, to be given to her on her twenty-first birthday. The plot of the novel revolves around the mysterious disappearance of the diamond during the night after the birthday party and the many attempts to solve this riddle.

In the novel there are many elements that play with Otherness: the diamond (supposedly once part of an Indian idol), three Indians (who apparently want to retrieve the

---

<sup>108</sup>*The Moonstone*, p. 365.

<sup>109</sup>*The Moonstone*, p. 36.

<sup>110</sup>*The Moonstone*, p. 40.

diamond because of this religious significance, and who appear at Lady Verinder's country house before and shortly after the diamond is given to Rachel) and some outcast characters.

One of the outcast characters, Ezra Jennings, is the one who finally solves the mystery. Jennings, assistant to the local doctor (but, due to the debilitating effects of a fever the doctor caught during the night of the birthday, more a replacement than an assistant), is an unlikely candidate for solving the riddle. His appearance is very un-English:

His complexion was of a gipsy darkness; his fleshless cheeks had fallen into deep hollows, over which the bone projected like a pent-house. His nose presented the fine shape and modelling so often found among the ancient people of the East, so seldom visible among the newer races of the West. His forehead rose high and straight from the brow. His marks and wrinkles were innumerable. [...] Add to this a quantity of thick closely curling hair, which, by some freak of Nature, had lost its colour in the most startlingly partial and capricious manner. Over the top of his head it was still of the deep black which was its natural colour. Round the sides of his head – without the slightest gradation of grey to break the force of the extraordinary contrast – it had turned completely white. The line between the two colours preserved no sort of regularity. At one place, the white hair ran up into the black; at another, the black hair ran down into the white.<sup>111</sup>

Not only is he presented as un-English, but also as a deviant from the 'male norm': "Physiology says, and says truly, that some men are born with female constitutions – and I am one of them!"<sup>112</sup> Furthermore, he is an opium user, but only out of medical necessity – making his case a relative of Collins' own use.

For ten years past I have suffered from an incurable internal complaint. I don't disguise from you that I should have let the agony of it kill me long since, but for one last interest in life, which makes my existence of some importance to me still. I want to provide for a person – very dear to me – whom I shall never see again. My own little patrimony is hardly sufficient to make her independent of the world. The hope, if I could only live long enough, of increasing it to a certain sum, has impelled me to resist the disease by such palliative means as I could devise. The one effectual palliative in my case, is opium. To that all-potent and all-merciful drug I am indebted for a respite of many years from my sentence of death. But even the virtues of opium have their limit. The progress of the disease has gradually forced me from the use of opium to the abuse of it. I am feeling the penalty at last. My nervous system is shattered; my nights are nights of horror. The end is not far off now.<sup>113</sup>

This passage is reminiscent of some the characteristics attributed by De Quincey to opium. Calling opium an "all-potent and all-merciful drug", leading, after heavy use, to "nights

---

<sup>111</sup>*The Moonstone*, p. 299.

<sup>112</sup>*The Moonstone*, p. 343.

<sup>113</sup>*The Moonstone*, p. 349-50.

of horror”, Jennings seems to have been influenced by De Quincey in his self-perception as a user. And indeed, the link between *The Moonstone* and the *Confessions of an English Opium-Eater* is very strong. The *Confessions* serve as a direct sub-text for Collins’ novel. Ezra Jennings uses the *Confessions* to explain the effects of opium to Franklin Blake. This supports my assumption that De Quincey contributed to the medical discourse on opium, if only to make a by then acceptable knowledge about opium more accessible to the lay-person. One of the popular misconceptions about opium, namely that it acts solely as a ‘narcotic’ is put by Collins into the mouth of Blake and the correction of this into Jennings’:

‘I don’t understand the effect of laudanum on me. I don’t understand my walking downstairs, and along corridors, and my opening and shutting the drawers of a cabinet, and my going back again to my own room. All these are active proceedings. I thought the influence of opium was first to stupefy you, and then to send you to sleep.’

‘The common error about opium, Mr Blake! I am, at this moment, exerting my intelligence (such as it is) in your service, under the influence of a dose of laudanum, some ten times larger than the dose Mr Candy administered to you. But don’t trust to my authority – even on a question which comes within my own personal experience. I anticipated the objection you have just made: and I have again provided myself with independent testimony which will carry its due weight with it in your own mind and in the minds of your friends.’

He handed me the second of the two books which he had by him on the table.

‘There,’ he said, ‘are the far-famed *Confessions of an English Opium-Eater*! Take the book away with you, and read it. At the passage which I have marked, you will find that when De Quincey had committed what he calls “a debauch of opium,” he either went to the gallery at the Opera to enjoy the music, or he wandered about the London markets on Saturday night, and interested himself in observing all the little shifts and bargainings of the poor in providing their Sunday’s dinner. So much for the capacity of a man to occupy himself actively, and to move about from place to place under the influence of opium.’<sup>114</sup>

Jennings’ assumption that the administration of opium to Franklin Blake led to his unconsciously removing the diamond leads them to try out an experiment, which is presented in the novel in a passage that emulates the style of a diary kept by Jennings. In this ‘diary’ the effects of opium on himself are frequently remarked upon by Jennings. There are many striking similarities to the ‘pains of opium’ as described by De Quincey, the most prominent being the effect of opium on his dreams.

JUNE 16TH. – Rose late, after a dreadful night; the vengeance of yesterday’s opium, pursuing me through a series of frightful dreams. At one time I was

---

<sup>114</sup>*The Moonstone*, p. 360.

whirling through empty space with the phantoms of the dead, friends and enemies together. At another, the one beloved face which I shall never see again, rose at my bedside, hideously phosphorescent in the black darkness, and glared and grinned at me. A slight return of the old pain, at the usual time in the early morning, was welcome as a change. It dispelled the visions – and it was bearable because it did that.<sup>115</sup>

This experience makes Jennings stop taking opium for a while, as the entry for the following day states. “After the experience of the other night, I have been compelled once more to give up my dose of opium. As a necessary result, the agony of the disease that is in me has got the upper hand again.”<sup>116</sup> While he would prefer to do without opium, he sometimes feels it necessary to rely on its analgesic effect:

JUNE 18TH.-Late again, in calling on Mr Franklin Blake. More of that horrible pain in the early morning; followed, this time, by complete prostration, for some hours. I foresee, in spite of the penalties which it exacts from me, that I shall have to return to the opium for the hundredth time. If I had only myself to think of, I should prefer the sharp pains to the frightful dreams. But the physical suffering exhausts me. If I let myself sink, it may end in my becoming useless to Mr Blake at the time when he wants me most.<sup>117</sup>

However, it is another three days until he decides “to return to the opium” and to take his “full dose – five hundred drops”<sup>118</sup>, which makes its effects felt the next morning: “My night, thanks to the opium, was the night of a man who is stunned. I can’t say that I woke this morning; the fitter expression would be, that I recovered my senses.”<sup>119</sup> The following night: “The vengeance of the opium overtook me again last night. No matter; I must go on with it now till Monday is past and gone.”<sup>120</sup> The heavy medical use of opium is presented as most unpleasant, and this is reflected in Jennings’ use as the *ultima ratio*. His use is represented as unstable and fluctuating according to the demands of his disease.

In contrast to the controllability of opium use, the effects of opium are shown to be less controllable. Jennings, representing medical authority, is aware of the unreliable effects, due to variations in physical constitution, of opium on the unaccustomed user. The amount of food taken, the time at which it is consumed, the correct amount of nervous irritation in Franklin Blake are on his mind, as well as the correct dose:

The question of the quantity which I am to administer presents certain difficulties. I have thought it over, and have decided on increasing the dose.

---

<sup>115</sup>*The Moonstone*, p. 365.

<sup>116</sup>*The Moonstone*, p. 368.

<sup>117</sup>*The Moonstone*, p. 369.

<sup>118</sup>*The Moonstone*, p. 377.

<sup>119</sup>*The Moonstone*, p. 377.

<sup>120</sup>*The Moonstone*, p. 378.

My notes inform me that Mr Candy only administered twenty-five minims. This is a small dose to have produced the results which followed – even in the case of a person so sensitive as Mr Blake. I think it highly probable that Mr Candy gave more than he supposed himself to have given – knowing, as I do, that he has a keen relish of the pleasures of the table, and that he measured out the laudanum on the birthday, after dinner. In any case, I shall run the risk of enlarging the dose to forty minims. On this occasion, Mr Blake knows beforehand that he is going to take the laudanum – which is equivalent, physiologically speaking, to his having (unconsciously to himself) a certain capacity in him to resist the effects. If my view is right, a larger quantity is therefore imperatively required, this time, to repeat the results which the smaller quantity produced, last year.<sup>121</sup>

The consumer of opium is not represented as a helpless object of the effects of opium, but as actively influencing the effects. The expected effects play an important role in determining the actual effects.

The character of Jennings might have been chosen by Collins as representing opium, the unloved medical aid. He is an outcast, and is met with distrust nearly everywhere. There are many mysteries surrounding him, most of them supported by hear-say. Even Jennings' physical appearance bears some analogies with the perception of opium: his black and white hair correspond to the perceived good and bad in opium, his wrinkled face may represent the ancient origins of opium use, his 'gipsy' complexion could be a hint towards opium's origins in the east. This theory is supported by a piece of dialogue between Rachel and Jennings:

'They seem to be in a conspiracy to persecute you,' she said. 'What does it mean?'

'Only the protest of the world, Miss Verinder – on a very small scale – against anything that is new.'<sup>122</sup>

Collins, as a habituated opium user himself, would often have met the distrust invested in opium by non-users or occasional users, if not directed at him, then at other well-known users. *The Moonstone* is not a novel whose primary interest lies in dissipating knowledge about opium – its aim is to entertain the reader and create suspense (whose resolution is made uncertain by the uncertainties of the action of opium) – it nonetheless is an admirably unbiased account of the ambiguous effects of opium. Collins clearly based his representation of opium in the novel on the discourse as influenced by the *Confessions*, although he deviates slightly from De Quincey when he writes of "The sublime intoxication of opium"<sup>123</sup>, the notion of opium causing a kind of intoxication having been firmly

---

<sup>121</sup>*The Moonstone*, p. 380.

<sup>122</sup>*The Moonstone*, p. 383.

<sup>123</sup>*The Moonstone*, p. 389.

rejected by De Quincey. This proves that in this case at least, discourse withstood De Quincey's attempts to shape it.

Why is *The Moonstone* included in this thesis, if there are no stereotypical addicts involved in the novel? Precisely because of this absence. While the discourse on opium at the time of the composition of the novel was very active in creating addict stereotypes (mainly pertaining to working class 'stimulant' opium use and 'infant doping' — in spite of a much smaller number of actual cases than presumed by the moral middle class), Collins refrained from using them. The only exception is the eccentric uncle, and with him the use is not presented as detrimental, but as an indulgence used to emphasise his eccentricity. Jennings, as the only other habitual user, is pitiable rather than exciting contempt. He is the outcast hero of the novel, his suffering legitimising his use of laudanum, which is represented as unstable and controllable. Collins used opium in his novel without abusing it. The novel belongs to a drug literature that almost fell silent during the next seventy years. Drug use is represented as creating problems (terrifying nights) for the user, but not as being a problem for the surrounding society, which is the standard mode for drug literature in the twentieth century. However, this negative mode of representing drug use was inaugurated earlier, and the next novel I will discuss is a good example of an author using the fear of a 'contagion' of society by opiate use, promulgated by temperance and anti-opium movements, to create a melodramatic representation of opium use that nonetheless retained some ambivalence regarding the positive and negative effects of opium use.



### 3.3 Charles Dickens: *The Mystery of Edwin Drood* (1870)

The representation of opiate use in *The Moonstone* at first appears to stand in stark contrast to the way that opium is used in Charles Dickens' *The Mystery of Edwin Drood*. In Dickens' last and unfinished novel, the connection between opium and crime is reinforced. Opium is used, by English as well as foreign characters, in a seedy West-End 'opium den' presided over by an aged Englishwoman.

The old woman is a figure that stands mid-way between appropriating opium use for England and attributing its use to a class of outcasts. She claims to have, through experience, the *real* recipe to prepare smoking opium, and calls the services offered by a Chinese inferior. The involvement of English characters in both using and trading in opium probably evoked a sense of danger in the reader: opium is here in English society. It was no longer contained in the Chinese population living in London and some of the major English ports, and its effects could be felt even in the quiet cathedral town of 'Cloisterham', a setting that couldn't be more English.

At first, especially after reading the first chapter, it appears as if Dickens used opium merely as a prop, indicating that the perception of opium in the reading classes was one of heightened fear and awareness: awareness of opium use being widespread in Britain and fear that the 'stimulant' use of opium, in this case smoking opium, could spread from the working classes to other levels of society. As mentioned before, the attitudes towards opium were quite a mixed bag. Opium sales having been restricted by the Poisons and Pharmacy Act (1868), it was hoped by many that the 'stimulant' use of opium would decrease, leaving only medical uses.

The novel begins with a chapter set in a London opium den, in which a yet unnamed John Jasper, choirmaster in the cathedral town of 'Cloisterham', experiences an opium-induced vision in which the surroundings slowly intrude into a vision that mixes violence, grandeur and sexual allusions into a representation of the orient that belongs completely to the Other:

AN ANCIENT English cathedral tower? How can the ancient English cathedral tower be here? The well-known massive grey square tower of its old cathedral? How can that be there? There is no spike of rusty iron in the air, between the eye and it, from any point of the real prospect. What is the spike that intervenes, and who has set it up? Maybe it is set up by the sultan's orders for the impaling of a horde of Turkish robbers, one by one. It is so, for cymbals clash, and the sultan goes by to his palace in long procession. Ten thousand scimitars flash in the sunlight, and thrice ten thousand dancing girls strew flowers. Then follow white elephants caparisoned in countless gorgeous colours and infinite in number and attendants. Still the cathedral tower rises in the background, where it cannot be, and still no writhing figure on the grim spike. Stay! Is the spike so low a thing as the rusty spike on the

top of a post of an old bedstead that has tumbled all awry? Some vague period of drowsy laughter must be devoted to the consideration of this possibility.<sup>124</sup>

This juxtaposition of an English cathedral with the Other serves to highlight the foreignness of the opium and the practice of smoking it. It is also in accordance with the contemporary notion of opium as a key to exotic visions and dreams<sup>125</sup>. Maybe Dickens himself, who at the end of his life occasionally used opium<sup>126</sup>, had similar dreams, but, as with the effects of most psychoactive substances, one has to bear in mind that any ‘visions’ caused by a psychoactive substance are deeply influenced by the expectations of the user. There is nothing benevolent in this paragraph and the following depiction of the surroundings in which “the man whose scattered consciousness has thus fantastically pieced itself together” finds himself: lying dressed on a bed “in the meanest and closest of small rooms” in the company of “a Chinaman, a Lascar, and a haggard woman.”<sup>127</sup> Dickens lets the haggard woman give a graphic description of how she prepares the pipe used, based on what he had witnessed himself in Bluegate Fields in London<sup>128</sup>. Opium is presented as transforming the English user, and the description of the foreigners who use it is meant to evoke repulsion in the reader:

He notices that the woman has opium-smoked herself into a strange likeness of the Chinaman. His form of cheek, eye and temple, and his colour, are repeated in her. Said Chinaman convulsively wrestles with one of his many gods or devils, perhaps, and snarls horribly. The Lascar laughs and dribbles at the mouth.<sup>129</sup>

Violence and aggression are also present in this first chapter of the novel, tailored to evoke fear in the reader. As Berridge points out, the novel

marked the beginning of a more melodramatic presentation of the subject. [...] In his fictional presentation of the subject, Dickens emphasized the links with mystery and evil, the degrading and demoralizing effect of the drug’s use on both English and Chinese smokers, which became such a feature of later descriptions. The den as a haunt of evil, the evil and cunning Chinaman wreathed in opium fumes had their origin as public images in the 1870s.<sup>130</sup>

However, it is difficult to speculate on the role that opium would have played in the finished novel, and to me there are indications that, like in *The Moonstone*, opium would

<sup>124</sup>Charles Dickens, *The Mystery of Edwin Drood*, (Ware: Wordsworth Editions Ltd., 1998), p. 3.

<sup>125</sup>Cf. Alethea Hayter, *Opium and the Romantic Imagination*

<sup>126</sup>Cf. Berridge and Edwards, *Opium and the People*, p. 57.

<sup>127</sup>*The Mystery of Edwin Drood*, p. 3.

<sup>128</sup>Cf. Berridge and Edwards, *Opium and the People*, p. 196.

<sup>129</sup>*The Mystery of Edwin Drood*, p. 4.

<sup>130</sup>Berridge and Edwards, *Opium and the People*, p. 196-7.

have contributed to solving the mystery of Edwin Drood's disappearance. There are several scenes in the novel that indict Jasper of having killed Drood: a motive (Jasper's being infatuated with Drood's betrothed Rosa) and a dialogue with the den-keeper while he is under the influence of opium<sup>131</sup>, held on the second visit to the opium den that is featured in the novel. These, as well as a conversation between the den-keeper and Drood on an occasion she had followed Jasper to Cloisterham<sup>132</sup>, probably triggered by Jasper's mumblings while under the influence of opium, make him the prime suspect. In the context of the second visit to the opium den, Dickens also divulges information about Jasper's 'career' as an opium smoker and also on the development of tolerance: he complains to the den-keeper about a perceived lack of potency and slower onset of the effects, which is answered with a " 'You've got more used to it, you see.' "<sup>133</sup> A few pages later, after he has fallen asleep, she says something that strengthens my assumption that opium might have played a more ambiguous role than that of a substance of evil, had the novel been finished: " 'Not so potent as it once was? Ah! Perhaps not at first. You may be more right there. Practice makes perfect. I may have learned the secret how to make ye talk, deary.' "<sup>134</sup> The den-keeper holds an equally ambiguous role as opium in the unfinished novel that raises many questions. Why does she want to make him talk? Why does she on two occasions follow him to Cloisterham? Maybe the completed novel might have shown her to be a blackmailer as well as a den-keeper. But why would she have said to Drood, during a chance meeting on the evening before his disappearance, that the name 'Ned', by which only Jasper calls him, was " 'A threatened name. A dangerous name.' "<sup>135</sup> And why does she show signs of anger at Jasper during her second visit to Cloisterham<sup>136</sup>? These things appear to hint at her wanting to bring him to justice rather than blackmail him, that she had wanted to prevent the violent intentions that Jasper had apparently revealed during opium-induced mumblings. I believe, yet could not prove beyond doubt, that Dickens would in the completed novel have tried to show the good that may come out of something perceived to be evil (i.e. opium smoking) and the evil that may lurk in someone apparently good (Jasper). Yet, when mention is made of *The Mystery of Edwin Drood* in books about or anthologies of drugs in literature<sup>137</sup>, it is only the first chapter, which on the surface evokes 'anti-drug' sentiments, that is mentioned and quoted.

As Foucault pointed out, it often is useful to listen to the silences that occur, to what is *not* said. When opium is mentioned in a different context than that of the opium den,

<sup>131</sup>Cf. *The Mystery of Edwin Drood*, p. 114-5.

<sup>132</sup>Cf. *The Mystery of Edwin Drood*, p. 131-3.

<sup>133</sup>*The Mystery of Edwin Drood*, p. 114.

<sup>134</sup>*The Mystery of Edwin Drood*, p. 217.

<sup>135</sup>*The Mystery of Edwin Drood*, p. 132.

<sup>136</sup>*The Mystery of Edwin Drood*, p. 224.

<sup>137</sup>Cf. e.g. Plant, *Writing on Drugs*, p. 221; Jay, *Artificial Paradises*, p. 340-1.

there are no negative connotations attached to it, and there is only one instance of an interlocutor being surprised at another character's taking opium.

When Jasper tries to ease the fear in Drood brought on by a 'fit' manifested by his looking "frightfully ill" and a "strange film", also used in some other instances in the novel to indicate the use of opium, that has come over Jasper's eyes, he explains it by his use of opium, but makes sure to point out that its use is of a medical nature: "I have been taking opium for a pain – an agony – that sometimes overcomes me. The effects of the medicine steal over me like a blight or a cloud, and pass. You see them in the act of passing; they will be gone directly."<sup>138</sup> The admission of the use of opium does not cause any concern in Drood, medical use of opium still being very common in the late nineteenth century.

Yet it emerges later in the novel (Jasper can at this time not yet be identified with certainty as the visitor to the opium den in the first chapter) that he is no opium-eater or laudanum-drinker, the forms in which opiates were at the time administered medicinally, but an opium smoker.

He takes from a locked press a peculiar-looking pipe, which he fills – but not with tobacco – and, having adjusted the contents of the bowl, very carefully, with a little instrument, ascends an inner staircase of only a few steps, leading to two rooms. [...]

[...] Then, hushing his footsteps, he passes to his own room, lights his pipe, and delivers himself to the spectres it invokes at midnight.<sup>139</sup>

Drood, during the chance meeting with the den-keeper, notices "a curious film pass[ing] over her"<sup>140</sup> and identifies it as the same effect of opium that he had seen happening to Jasper. He asks her in a very direct manner:

'Do you eat opium?'

'Smokes it,' she replies with difficulty, still racked by her cough. 'Give me three-and-sixpence, and I'll lay it out well, and get back. If you don't give me three-and-sixpence, don't give me a brass farden. And if you do give me three-and-sixpence, deary, I'll tell you something.'<sup>141</sup>

This is not met by any surprise or condemnation, and he gives her the money. Had Dickens been intent on condemning the practice of smoking opium, connected with the 'stimulant' use of opium rather than 'medicinal' use, he could have done so by letting Drood utter a reproach or seem surprised by this, but such reactions are absent.

---

<sup>138</sup>*The Mystery of Edwin Drood*, p. 12.

<sup>139</sup>*The Mystery of Edwin Drood*, p. 40.

<sup>140</sup>*The Mystery of Edwin Drood*, p. 131.

<sup>141</sup>*The Mystery of Edwin Drood*, p. 132.

On the den-keeper's second visit to Cloisterham, she meets the character of Mr Datchery, who, for unclear reasons, is interested in Drood's disappearance, and tells him of her meeting with a "young gentleman" (Drood) and her asking him for "three-and-sixpence". This asking for a certain sum rather than money in general evokes Datchery's curiosity and he asks about this, upon which the following dialogue ensues:

'Look'ee here, deary,' she replies, in a confidential and persuasive tone, 'I wanted the money to lay it out on a medicine as does me good, and as I deal in. I told the young gentleman so, and he gave it me, and I laid it out honest to the last brass farden. I want to lay out the same sum in the same way now; and if you'll give it me, I'll lay it out honest to the last brass farden again, upon my soul!'

'What's the medicine?'

'I'll be honest with you beforehand, as well as after. It's opium.'

Mr Datchery, with a sudden change of countenance, gives her a sudden look.

'It's opium, deary. Neither more nor less. And it's like a human creetur so far that you always hear what can be said against it, but seldom what can be said in its praise.'<sup>142</sup>

Datchery's surprise is met by a reply that to me summarises what I believe Dickens' attitude towards opium was - awareness of both the positive and negative effects of opium and the absence of a general condemnation of its use. Several later authors tried to emulate the melodramatic mood created in the first chapter and thus contributed to the perception of opium use as being deviant or even criminal. The ambivalent attitudes towards opium use that a close reading of the novel reveals were replaced by representations of opiate use that helped to create the negative stereotypes of the user as a criminal and paved the way in public opinion for the prohibitions of non-medical opiate use in the twentieth century.

---

<sup>142</sup>*The Mystery of Edwin Drood*, p. 220.

## 3.4 The early twentieth century

### 3.4.1 Aleister Crowley: *Diary of a Drug Fiend* (1922)

“I’ve got into endless trouble of one sort or another for holding  
the views I do.”<sup>143</sup>

This novel by the infamous Aleister Crowley is, as the title suggests, a book to which drugs are central. It describes the experiences of an English upper-class man, Sir Peter Pendragon, and his wife Lou, as they progress from a careless use of heroin and cocaine to addiction and misery, and their final recovery with the help of ‘King Lamus’, who appears to be a persona of Crowley in the novel. While this novel, as well as the following, the semi-autobiographic *Underworld of the East* by James S. Lee, certainly do not belong to the literary canon, they are nonetheless important as documents that exemplify a discourse that runs counter to the increasing alarm and hysteria that accompanied the writings on and media coverage of psychoactive substances during the first half of the twentieth century. This period saw the outlawing of nearly all non-medical drug use, and while these novels do not call for a legalisation, they question many ideas that lie at the basis of the twentieth century’s dominant perceptions about drugs.

The *Diary of a Drug Fiend* is divided into three books, named after the parts of Dante’s *Divine Comedy*: ‘Paradiso’, ‘Inferno’ and ‘Purgatorio’. The first and third of the books are narrated by Peter Pendragon, while the second is in the style of a diary kept by Lou. The plot of the novel corresponds to that of many of the novels in which a drug user’s ‘career’ is portrayed, from first use of and ensuing enthusiasm for a psychoactive substance, to a steady decline into addiction and unsuccessful attempts at withdrawal, and finally to a successful ‘cure’. The novel is a useful mirror of the presentation, and also of the public’s perception, of drug use at the beginning of the twentieth century. While containing elements of some of the genres of drug writing — the confessional narrative and the literature of recovery — that were well-known to the reading public and generally seen as acceptable ways of writing about drug use, the novel also presents several opinions on and perceptions of drug use that stood in opposition to the dominant discourses of the time.

In the first book, Pendragon is introduced to cocaine during a night out in London and meets his future wife Lou. Together they embark upon what nowadays would be called a ‘cocaine binge’, lasting several weeks. In the course of this time they get married, have a honeymoon, first in Paris, where they consume large amounts of cocaine and are sent

---

<sup>143</sup>Aleister Crowley, *Diary of a Drug Fiend*, (York Beach, ME: Samuel Weiser, 1970), p. 276.

supplies of both cocaine and heroin by a friend in London, and then in Italy, until they are conned out of their valuables and end up returning to London fairly deep in debt and heavily addicted.

The second book describes their struggle to overcome their addiction, their successes and relapses, and the misery into which they drift. In their despair they decide to commit suicide, but they are prevented from carrying out their plan by King Lamus who watches over their final recovery in the third book, using methods that are very different to the usual approaches to the withdrawal from drugs.

Crowley makes use of many of the stereotypes that surround drug users and drug taking, reflecting the contemporary attitudes towards drugs. Some of these stereotypes were greatly influenced by the media coverage accompanying the parliamentary attempts to control the use of psychoactive substances (DORA 40B and the Dangerous Drugs Act of 1920). One of the stereotypes was the representation of the female user as a *femme fatale*. While on honeymoon in Paris, they meet a woman called Haidée Lamoureux, who is a fatalistic example of this female stereotype. She has detached herself from any kind of ordinary life: “Human life or heroin life? I’ve tried them both; and I don’t regret having chosen as I did.”<sup>144</sup> Her morbid fascination with the image of the *femme fatale* is shown explicitly:

“It’s the only thing there is,” she said, in a tone of extraordinary ecstatic detachment. One could divine an infinite unholy joy derived from its own sadness. It was as if she took a morbid pleasure in being something melancholy, something monstrous; there was, in fact, a kind of martyred majesty in her mood.<sup>145</sup>

Not all female users are presented in this fashion. Lou is a much more ‘lively’ character. In the novel, Pendragon describes her under the influence of cocaine as “the spirit of cocaine incarnate; cocaine made flesh. [...] Say, if you like, she was possessed of the devil.”<sup>146</sup> This reflects the connection between drugs and ‘evil’ that is a remnant of the nineteenth century ‘moral’ opposition towards drug use.

The user’s fascination with a new psychoactive substance and his/her confidence of knowing enough about a substance to be able to cope with it is used a few times. The following quote is from the couple’s first visit to King Lamus’ house:

“Quite so,” agreed King Lamus cheerfully. “You’ll excuse me, I know, if I ask whether you have any great experience of the effects of cocaine.”

Lou glowered at him. I preferred to meet him frankly. I deliberately put a large dose on the back of my hand and sniffed it up. Before I had finished, the effect had occurred. I felt myself any man’s master.

---

<sup>144</sup>*Diary of a Drug Fiend*, p. 71.

<sup>145</sup>*Diary of a Drug Fiend*, p. 69.

<sup>146</sup>*Diary of a Drug Fiend*, p. 50.

“Well, as a matter of fact,” I said superciliously, “to-night’s the first time I ever took it, and it strikes me as pretty good stuff.”  
Lamus smiled enigmatically.<sup>147</sup>

Although Pendragon may appear naive in this quote, he has got some ‘expert’ knowledge of drugs. Having studied medicine prior to the war, he occasionally ‘lectures’ to others on some aspects of drugs “from the height of [his] superior knowledge”<sup>148</sup>. When a friend of Lou’s sends them heroin to Paris, he holds a monologue about the effects of opiates, referring to De Quincey and Coleridge, as well as some medical ‘facts’ praising the superior effects of heroin when compared to laudanum or morphine. Yet, their inexperience in it leads to negative effects and he is informed of some facts about it by another user, an acquaintance of his from school.

“You see, my dear Sir Peter,” he said, “you can’t take H. like you can C., and when you mix your drinks there’s the devil to pay. It’s like everything else in life; you’ve got to find out your limit. It’s very dangerous to move about when you’re working H. or M., and it’s almost certain disaster to eat.”

I must admit I felt an awful fool. After all, I had studied medicine pretty seriously; and this was the second time that a layman had read me the Riot Act.<sup>149</sup>

During their attempts to quit, or at least reduce their intake, Lou remarks in her diary: “I had been so proud of his medical knowledge, and yet it didn’t seem to throw any light.”<sup>150</sup> Crowley uses these instances to show that medical knowledge about psychoactive substances is only one of the perspectives on them, and incapable of accounting for all the effects of a drug on the user and his behaviour. This also becomes obvious in the attitudes of King Lamus towards drugs and withdrawal, which I will discuss later.

Medicine and medical knowledge, which are frequently used and quoted in the literary discourse on drugs, are in most novels supplemented by another strain of discourse. There is a tradition of referring to other novels when explaining the actions of a drug. This is an indication of the fact that novels play an active role in the shaping of the discourse on drugs. In *The Moonstone*, Wilkie Collins lets Jennings explain the effects of opium to Blake with the help of De Quincey’s *Confessions of an English Opium-Eater*. In *Diary of a Drug Fiend*, when Pendragon explains the effects of opiates to Lou, he takes it for granted that she has “read De Quincey and all those people about opium”<sup>151</sup>, and, likewise, Lamus refers to *The Moonstone* when he gives Pendragon and Lou some advice on how to dose themselves with heroin:

---

<sup>147</sup>*Diary of a Drug Fiend*, p. 33.

<sup>148</sup>*Diary of a Drug Fiend*, p. 57.

<sup>149</sup>*Diary of a Drug Fiend*, p. 68.

<sup>150</sup>*Diary of a Drug Fiend*, p. 146.

<sup>151</sup>*Diary of a Drug Fiend*, p. 57.



“Heroin,” he explained, “is a modification of morphine, and morphine is the most active of the principles of opium. Now surely you remember what Wilkie Collins says in *The Moonstone* about opium and its preparations, that they have a stimulating effect followed by a sedative effect. Heroin is much more positive in its action than opium; and the reasonable thing to do, as it seems to me, would be to go ahead with it pretty hard in the morning and keep yourself going by that means, but to leave it entirely alone for some hours before you go to bed, so that the sedative effect may send you nicely to sleep at the proper time. [...] The result of this will be that you will find quite a small quantity do you as much good as a big one did last week, and more.”<sup>152</sup>

This kind of overt reference to previous drug-texts ceases to be common in the second half of the twentieth century. This is due to a diminishing influence of novels on the dominant discourses on drugs. While the *Confessions* and *The Moonstone* were influential contributions to the discourses and were therefore well known, most later novels were either compatible with the contemporary discourses and did not contribute anything new to them, or they were opposed to them and contributed mainly to counter-discourses.

King Lamus’ role in the novel is ambiguous. He does not warn them of any dangers of using drugs, and seems to enjoy observing their experiences with these substances and their certainty of being able to control their use. Pendragon takes an instant dislike to him, he is presented in a way that makes him appear like an evil person. Yet, in the end, he is the one who acts as their saviour.

While not having discouraged them from taking drugs at the beginning of their ‘career’, once they feel their addictions he encourages them to stop and regain control of their use as well as of their lives. Lamus is a character who is opposed to the dominant discourses on drugs. In a letter to Lou he writes the following: “Do you find, in particular, that there is any difficulty in calling a halt? If so, is it not perhaps because you hear on all sides—especially from people ignorant of the subject, such as journalists, doctors and parrots—that it is in fact impossible to do so?”<sup>153</sup>

The permanent reiteration of the impossibility to quit using, at least without the help of ‘experts’ on the matter (in Lamus’ words, “abandon[ing] free will and clear mentality for the semi-hypnotic state of the mediæval peasant”<sup>154</sup>), is one of the most dangerous myths in the discourse on drugs. It both encourages the addict to continue using (after all, it is the ‘experts’ who believe it to be impossible to quit) and encourages relapse as a sort of self-fulfilling prophecy (the user proves the ‘experts’ to be right and does what is expected of him if he takes the short-cut against the discomforts caused by withdrawal). The negation

---

<sup>152</sup>*Diary of a Drug Fiend*, p. 268-9.

<sup>153</sup>*Diary of a Drug Fiend*, p. 176-7.

<sup>154</sup>*Diary of a Drug Fiend*, p. 177.

of free will is an essential part of many ‘cures’ whether they use incarceration, a strict, medically supervised regime, or self-help groups like A.A. or Narcotics Anonymous.<sup>155</sup>

The approaches towards withdrawal in 1922, when *Diary of a Drug Fiend* was first published, do not differ greatly from many current approaches. Lou describes the contemporary discourse pretty accurately, and many of the ‘truths’ about addiction have a paradigmatic validity even today.

We found ourselves intent on the idea of stopping H.; and the books didn’t help very much. They were written in a very positive way. The writers quarrelled among themselves like a Peace Conference.

But they all agreed on two points: that it was beyond the bounds of human possibility to break off the habit by one’s own efforts. At the best, the hope was pitifully poor. The only chance was a “cure” in a place of restraint. And they all gave very full details of the horrors and dangers of the process. [...]

There were three principal methods of cure: Cutting the drug off at once, and trust to the patient’s surviving; then there was a long tedious method of diminishing the daily dose. It was a matter of months. During the whole of the time, the agony of the patient continues in diluted form. It was the choice between plunging into boiling oil and being splashed with it every day for an indefinite period. Then there was an intermediate method in which the daily amount was reduced by a series of jerks. [...]

In all cases alike there was no hint of any true comprehension of the actual situation. There was no attempt to remove the original causes of the habit; and they all admitted that the cure was only temporary, and that the rule was relapse.<sup>156</sup>

Her reaction to the ‘wisdom’ related in the books once again underlines the counter-productive effect of what may be called the ‘impossible to quit’ paradigm, as well as one of the reasons for the addict to distrust doctors who offer a ‘cure’: after all, the members of the medical profession offer the promise of something which they themselves have constructed as unlikely to succeed. The medical discourse of the early twentieth century was well on its way in creating the addiction attribution: a ‘habit’ is seen as being both stable and uncontrollable.

Those cursed medical cowards! Those pompous prophets of evil! Every time we came back to the resolution to stop, they pulled us off the rock.

“It’s beyond human power.”

But they know which side their bread’s buttered. It’s their game to discourage their dupes.

But they had over-played their hand. They had painted their picture in too crude colours. They revolted us.<sup>157</sup>

<sup>155</sup>The negation of a person’s control over him/herself, as well as the appeal to a higher force to aid a person’s staying dry/clean stand at the centre of the A.A.’s and N.A.’s ‘creeds’. Cf. Walton, *Out of It*, p. 77-8.

<sup>156</sup>*Diary of a Drug Fiend*, p. 182-3.

<sup>157</sup>*Diary of a Drug Fiend*, p. 185.

The approach to ‘kicking’ endorsed by King Lamus differs fundamentally from the ‘restraint’ or ‘reduction’ cures as advocated by the early twentieth century’s medical profession and is closer to some ‘psychological’ approaches that include methadone substitution or the prescription of heroin.

“You know, Lamus,” I stammered, “I’m ashamed to admit it, but we really can’t get on without H. We tried—in fact, once we got clean away—but we couldn’t possibly go through that again.”

“Nothing to be ashamed of, my dear man,” returned our physician. “You can’t get on without eating. That’s no reason for stopping. All I ask you to do is to do it sensibly.”

“Then you won’t cut us off?” put in Lou.

“Certainly not, why should I? You take as much as you want, and when you want, and how you want. That’s no business of mine. My business is to remove the want. You say you cured yourselves, but you didn’t. You only cut off the drug; the want remained. And as soon as the opportunity for starting again arrived, you started again. Perhaps, in fact, you made the opportunity.”<sup>158</sup>

This passage points towards a psychological approach to withdrawal. To Lamus, addiction is not a physical illness, but a state of an individual’s psyche. In this he differs from the contemporary medical discourse, which had appropriated the addict as a person to be cured. There also was a strong moral component in the attitudes, both professional and in public perception, towards drug use. The first steps towards prohibiting psychoactive substances in Britain, formulated in section 40B of the Defence Of The Realm Act in 1916, were based on the perception of drugs leading to amoral behaviour and, in particular, undermining the soldiers’ morale<sup>159</sup>.

Lamus’ approach is a ‘cure’ based on a voluntary reduction of drug intake and creating an awareness in the user of his patterns of drug use. “It’s not taking the drug that does the harm, it’s the not knowing what you take. So I have brought you a couple of charts marked off into hours; and what I want you to do is to promise to make a cross in the proper space every time you take it.”<sup>160</sup> Later, a second column is added to the list, headed “Reason for taking the dose.”<sup>161</sup> The approach is not aimed at preventing drug use in general, but at being able to detect and later avoid habitual or automatic use without having a true reason for taking the drug. When Pendragon is beginning to have problems to think of a reason to write in the chart, Lamus presents him with a list of “Reasons for taking it” that contains reasons, or rather excuses, which can also be found in many later novels where a character justifies a dose.

---

<sup>158</sup>*Diary of a Drug Fiend*, p. 257.

<sup>159</sup>Cf. p. 37.

<sup>160</sup>*Diary of a Drug Fiend*, p. 264.

<sup>161</sup>*Diary of a Drug Fiend*, p. 328.

1. My cough is very bad this morning.

(Note: (a) Is cough really bad?

(b) If so, is the body coughing because it is sick or because it wants to persuade you to give it some heroin?)

[...]

6. I must show I am master of it—free to say either “yes” or “no.” And I must be perfectly sure by saying “yes” at the moment. My refusal to take it at the moment shows weakness. Therefore I take it.
7. In spite of the knowledge of the disadvantages of the heroin life, I am really not sure whether it isn’t better than the other life. After all, I get extraordinary things out of heroin which I should never have got otherwise.
8. It is dangerous to stop too suddenly.

[...]

16. I take it because of its being prohibited. I decline being treated like a silly schoolboy when I’m a responsible man.

(Note: Then don’t behave like a silly schoolboy. Why let the stupidity of governments drive you into taking the drug against your will?—K. L.)

[...]

20. I have got into all sorts of messes with women in the past. Heroin has destroyed my interest in them.
21. Heroin has removed my desire for liquor. If I must choose, I really think heroin is the better.

[...]

23. So-and-so has taken it for years, and is all right.
24. So-and-so has taken it for years, and is still taking it, and he is the most remarkable man of his century.<sup>162</sup>

Pendragon’s reaction to this list, recognising most of the reasons as ones he had used before and that, when scrutinised, “the alleged reason is artificial and false, that it has simply been invented on the spur of the moment by oneself to excuse one’s indulgences”<sup>163</sup> shows that regular use of drugs cannot be justified by reasons except the user’s want for the substance. After an initial phase of positive effects, most drug use soon turns into an automatic behaviour due to the development of tolerance, it is “a meaningless habit”<sup>164</sup>. The negative effects of tolerance are also remarked upon by Lou in her diary on several occasions<sup>165</sup>.

---

<sup>162</sup>*Diary of a Drug Fiend*, p. 335-7.

<sup>163</sup>*Diary of a Drug Fiend*, p. 337.

<sup>164</sup>*Diary of a Drug Fiend*, p. 33.

<sup>165</sup>E.g. *Diary of a Drug Fiend*, p. 143, 146.

The lesson that can be learned from Lamus' approach towards overcoming addiction is one that is lacking from most of today's withdrawal schemes, with the exception of prescribing methadone or heroin in connection with helping the addict to regain a stable life and self-esteem. They try to teach the addict to abstain from a drug, while not teaching him to cope with it (i.e. not falling back into the automatic behaviour that lies at the basis of addiction) should anything lead him to use it again. Instead, taking it again is seen as a failure, reenforcing the negative self-perception that many addicts develop. If a relapse occurs, the entire 'cure' is deemed to have failed and the addict is thought to be back at square one. The paradigm of 'once an addict, always an addict', the inability of an individual to use and not abuse a drug, is one of the central aspects of the stereotype of the addict, frequently found in literature, but also in the rules of the A.A. and other self-help groups.

Lamus points out the positive effect of being able to use a drug sensibly with a plausible simile:

There is nothing in nature which cannot be used for our benefit, and it is up to us to use it wisely. Now, in the work you have been doing in the last week, heroin might have helped you to concentrate your mind, and cocaine to overcome the effects of fatigue. And the reason you did not use them was that a burnt child dreads fire. We had the same trouble with teaching Hermes and Dionysus to swim. They found themselves in danger of being drowned and thought the best way was to avoid going near the water. But that didn't help them to use their natural faculties to the best advantage, so I made them face the sea again and again, until they decided that the best way to avoid drowning was to learn how to deal with oceans in every detail. It sounds pretty obvious when you put it like that, yet while every one agrees with me about the swimming, I am howled down on all sides when I apply the same principles to the use of drugs."<sup>166</sup>

While using drugs can undoubtedly be the cause of many dangers to the user, I believe that it would be a by far more sensible approach in 'drug education' to teach what these dangers are for a certain substance and to heighten awareness in the individual for his or her behaviour — a combination of the ancient themes of 'know yourself' and 'take care of yourself' — than to simply warn of drugs. An oversimplified warning against drugs, which frequently makes use of the addict stereotypes, presenting the addict as the result of taking drugs, is often ineffective because many teenagers know people who have at some stage used psychoactive substances and who will not fit into the addict stereotype. As a result of this conflict between (second-hand) experience and the 'official' knowledge, much of the 'drug education' carried out is perceived as a deceitful scare and simply aimed at enforcing the laws.

---

<sup>166</sup>*Diary of a Drug Fiend*, p. 363-4

The outlawing and vilification of ‘drugs’ often have the reverse effect of what is intended. In the novel, Pendragon remarks upon this as follows:

A great deal of the fascination of drugs arises from the fuss that is made about them; the focusing of the attention upon them. Absinthe, forbidden in France, Switzerland, and Italy, is still sold freely in England, and no one ever met an English absinthe fiend. If any one took it into his head to start a newspaper campaign against absinthe, it would become a public danger in very short order.<sup>167</sup>

The attitudes towards control expressed by Lamus seem to pre-figure what Foucault wrote about the micro-physics of power: that what on the outside appears like a prohibition often serves as a multiplier for discourse, inciting numerous ways of avoiding an interdiction. The contemporary readers in Britain would vividly remember the food restrictions during the First World War and some of the effects that they had: “There were all sorts of stratagems for dodging the regulations, on the part of people who in the ordinary way were plain straightforward law-abiding citizens.”<sup>168</sup>

Lamus comes to the conclusion that “Legislative interference with the habits of people produces the sneak, the spy, the fanatic, and the artful dodger”<sup>169</sup>, which is very similar to what Foucault wrote about the relationship between pleasure and power in the sphere of controlling sexuality.

The medical examination, the psychiatric investigation, the pedagogical report, and the family controls [...] function as mechanisms with a double impetus: pleasure and power. The pleasure that comes of exercising a power that questions, monitors, watches, spies, searches out, palpates, brings to light; and on the other hand, the pleasure that kindles at having to evade this power, flee from it, fool it, or travesty it.<sup>170</sup>

The pleasure of evading control and transgressing laws is, for some individuals, a very important factor for the attractiveness of using an illegal drug.

To my knowledge, *Diary of a Drug Fiend* is the first novel that openly criticises a medical view of addiction for constructing the addict as a helpless individual, thereby exposing one of the major disadvantages of the addiction attribution for the user. Furthermore, the novel emphasises the fact that using a drug is a behaviour — one that can have serious detrimental effects if it is uncontrolled and merely habitual, yet does not necessarily lead to a stereotypical addict identity.

---

<sup>167</sup>*Diary of a Drug Fiend*, p. 330

<sup>168</sup>*Diary of a Drug Fiend*, p. 276.

<sup>169</sup>*Diary of a Drug Fiend*, p. 276.

<sup>170</sup>Michel Foucault, *The History of Sexuality: 1*, p. 45.

### 3.4.2 James S. Lee: *Underworld of the East* (1935)

James S. Lee's *Underworld of the East: Being Eighteen Years' Actual Experiences of the Underworlds, Drug Haunts and Jungles of India, China and the Malay Archipelago*<sup>171</sup> is an outstanding autobiographic document on the use of drugs in the ending nineteenth and early twentieth century. First published in 1935, the book contains autobiographic accounts of the years 1894 to 1912, during which Lee, an engineer from Yorkshire, worked mainly in India and East Asia, but also in Africa and South America.

The first chapter of the book is entitled "About Drugs" and in it Lee makes a statement which instantly separates it from the majority of books that belong to the discourse on drugs: "The life of a drug taker can be a happy one, far surpassing that of any other, or it can be one of suffering and misery; it depends on the user's knowledge."<sup>172</sup> Drugs are presented as being neither good nor bad, but as a tool that can be utilised by the user; it is up to the user to use them wisely or abuse their properties. This is fundamentally different from the dominant discourse of the 30s which saw drugs as substances that corrupted the user and from which society had to be protected. This book, in contrast, places the responsibility for any detrimental effects that a drug produces with the user, provided he has adequate knowledge about its potential effects. Lee goes on to write that

The most interesting period will only be reached after many years, and then only if perfect health has been retained; using several kinds of drugs (for one drug alone spells disaster), and increasing the doses in a carefully thought out system; a system which was first made known to me by the Indian doctor who initiated me into the drug habit.<sup>173</sup>

Here, too, Lee stands diametrically opposed to the common 'knowledge' about drugs, which would see a multiplied disaster in using more than one psychoactive substance. However, Lee acknowledges one grave danger, still present today, of taking drugs.

When the Dangerous Drug Act came into force I gave up using all drugs, because the danger and risk of obtaining them was too great. The paltry quantities, about which the authorities make such a fuss, were of no use to me, and I was able to give them up without any trouble or suffering, owing to my experiments and discoveries.<sup>174</sup>

A bold statement, which nonetheless pre-figures many voices that appeared from the 1960s onwards, claiming that many of the problems connected with the use of drugs are intensified, if not caused, by the prohibitory drug laws.

---

<sup>171</sup> *Underworld of the East* was originally published (London: Sampson, Low, Marston & Co., 1935). All references here are to the following edition: (London: Green Magic, 2000)

<sup>172</sup> James S. Lee, *Underworld of the East*, p. 1.

<sup>173</sup> *Underworld of the East*, p. 2.

<sup>174</sup> *Underworld of the East*, p. 2.

However, in the book Lee does not shirk from writing about the problems he had during the early stages of his drug use. His introduction to morphine and early experiences with it are remarkably similar to the experiences related in many other books which flow with the dominant discourse. He is introduced to morphine, as a cure to a fever he suffers from while working as a mechanical engineer in the north-east corner of India, by an Indian doctor. Like many first time users, he is overwhelmed by the effects: “the beautiful sensation of ease and comfort; the luxurious dreamy feeling of indolence and happiness which immediately ensued. Every distressing symptom of the fever had disappeared, and I only wanted to sit still in my chair. I was simply purring with content.”<sup>175</sup> When he goes to see the doctor the next day to get another injection and enquire about the nature of the medicine, the doctor tells him that it is morphia, “the most useful medicine in the world.”<sup>176</sup> The positive effects he experiences lead Lee to continue using it.

The word morphia meant little to me then. Of course I had heard about morphia addicts, but I thought that I was quite capable of controlling any impulse I might have of making a habit of it, and I thought a few doses could not make much difference; moreover, the second dose seemed to be even more potent than the first; no doubt he had given me a larger one.

I even persuaded the doctor to give me a syringe and a tube of  $\frac{1}{4}$ -grain tabloids.

After a time I found myself looking forward to the afternoon when the day’s work was over, and I could take a larger dose and lay dreaming rosy dreams; meanwhile I had got in a supply of tabloids from Calcutta.<sup>177</sup>

In due course, Lee experiences the effects of prolonged opiate use, tolerance to the positive effects and serious constipation. This leads him to the decision to quit, and like many other users he attempts a reduction cure, “never expecting any difficulty in doing so.”<sup>178</sup>

Of course he starts to suffer from withdrawal symptoms, his “thoughts constantly turning to morphia”<sup>179</sup>, and feeling “wretched in the extreme”<sup>180</sup> so that he relapses to his previous pattern of use. He decides to see the doctor about his problems and is introduced into a system of using psychoactive substances that from the standpoint of the current discourse may appear like replacing one evil with another.

Morphia should not be used by anyone for longer than a few months, he told me, because by that time it will begin to lose its pleasant effect, and it will also begin to affect the health, because the action of the drug is continually in one direction.

---

<sup>175</sup> *Underworld of the East*, p. 17.

<sup>176</sup> *Underworld of the East*, p. 17.

<sup>177</sup> *Underworld of the East*, p. 17-8.

<sup>178</sup> *Underworld of the East*, p. 18.

<sup>179</sup> *Underworld of the East*, p. 18.

<sup>180</sup> *Underworld of the East*, p. 19.



He told me that he used many kinds of drugs, each in turn; changing over from one to another, using them sometimes singly, and at other times in combinations, so that no one drug ever got too great a hold on him. Each time he changed over, the drug he had been using regained all its old potency and charm when commenced again.<sup>181</sup>

The doctor gives him cocaine for his constipation, with the aid of which he also manages to reduce and finally give up his use of morphia. The sleeplessness he experiences as a consequence of his use of cocaine is also ‘cured’ by the doctor, who introduces him to “the art of smoking opium in the Chinese fashion”<sup>182</sup>. These experiences trigger off Lee’s decision to devote his life to the study of psychoactive substances and their use around the world. He learns much more from the doctor, including a lesson on the safe use of a hypodermic.

I listened to the lecture, and understood from it, that I should only use an all-glass syringe, which should be boiled frequently and put away in sterilizing solution, while a second one was being used. The needles, of which I required several, should be kept in solution and the points never touched with the fingers before using, and also that the place where the injection was going to be made should be first wiped with cotton wool dipped in spirits of wine.

All this was most important (he informed me) in a case where so many injections are constantly being used, otherwise a minute portion of septic matter would be introduced into the system each time. It was this, he informed me, that was one of the causes for quickly undermining the health of drug injectors. Their system becomes poisoned by septic matter. Many germs are introduced with each injection.

A single drug, used by itself, cannot be continued with for so long as a combination of two or more drugs. The former will quickly ruin the health, because the action is always in one direction.

No wonder the drug habit is considered so deadly, and makes so many mental and physical wrecks.<sup>183</sup>

This lesson on harm reduction, if it had been given to all intravenous drug users, might have changed the perception and impact of ‘drugs’ in the twentieth century. Yet the message reiterated over and over again in the media and by other participants in the discourse on drugs is that ‘drugs are dangerous’, instead of warning about what constitutes dangerous or injurious behaviour when taking psychoactive substances. The neglect of the body/self is an important component in the perception of the addict and his representation in literature. An attitude of ‘nothing matters, only drugs’ is frequently attributed to addict characters in literature. The care of the self is often limited to the avoidance of the pain or discomfort that can be the result of reducing the intake of some drugs. Lee is one of the

---

<sup>181</sup> *Underworld of the East*, p. 19.

<sup>182</sup> *Underworld of the East*, p. 20.

<sup>183</sup> *Underworld of the East*, p. 22.

very few positive examples for the care of the self in the literature on drug-users. With the assistance of Dr. Babu, he learns about the positive and adverse effects of drugs: “Under his instructions, I now started to use drugs scientifically. I watched my bodily condition carefully, and corrected at once any adverse symptoms.”<sup>184</sup>

Most psychoactive substances are taken for their effect on the psyche/mind/perception, while taking at least some detrimental effects on the body for granted. The Cartesian dualism between body and mind facilitates this negligent approach to drug use. In contrast to most representations of users in literature, Lee carefully observes the effects on both mind and body, and this leads him to conclusions that are rare in the discourse on drugs.

All these narcotic drugs, which are commonly known as Dangerous Drugs, are really the gift of God to mankind. Instead of them doing him harm, they should really be the means of preserving his health, and making his life a state of continual happiness.

I was now able to use large quantities of any particular drug for a time without it harming my health in the slightest, in fact I seemed to benefit by it in every way.

If I had been taking heavy doses of cocaine for some time, living in a state of mental exhilaration and stimulation of every bodily faculty, then I knew that I must reverse, and give the nervous system a perfect rest, under the soothing influence of morphia; and obtain long sound sleeps, with the aid of opium. Moreover, these alternative drugs were equally fascinating. It would be difficult to say that one was more so than another, and the contrast in their action made each one seem more attractive than the last.<sup>185</sup>

Lee’s knowledge of safe use protects him from the most detrimental bodily effects of the drugs he uses. He is also eager to pass his knowledge on to others. On a trip to London he meets a prostitute who is a cocaine addict. He talks to her about her use of cocaine and wants to help her to quit. He gives her some information about harm reduction, emphasising the importance of using a sterile syringe and counteracting the negative effects that regular drug use produces. He also devises

a careful schedule of instructions for her to follow, which would enable her to give up this drug.

It was best so, because drug taking is not for the inexperienced.

As I said before, the indulgence in drugs can produce a life of happiness such as is rarely experienced on this earth, but only for those who are prepared to spend as much time on studying and experimenting with them on themselves as one would give to one of the learned professions.<sup>186</sup>

As can be seen from this quote, Lee was neither pro-drug nor anti-drug, but an advocate of careful, knowledgeable use of drugs. He opposes the demonisation of drugs as well as

---

<sup>184</sup>*Underworld of the East*, p. 23.

<sup>185</sup>*Underworld of the East*, p. 23-4.

<sup>186</sup>*Underworld of the East*, p. 132.

their naive use. The imagery that he uses for his relationship to the drugs he takes is often diametrically opposed to that which can be found in most other novels that depict users. Instead of the slavery metaphor commonly applied to the use of opiates, he sees his own relationship to morphia in a quite different light: “I was its master; it was my servant.”<sup>187</sup> He does not overgeneralise his personal experiences with it and is aware of the dangers that its use may pose.

Although it is a drug which, beyond all others, one must be on their guard of, I was using it singly. But not for long; soon I would begin to combine it with others. Never again would I allow it to affect my health, or use it long enough to impair its fine effect. Always was I using large quantities of drugs, but in combinations, increasing and decreasing them systematically, and changing their nature. Only thus could life be made a happiness beyond description.<sup>188</sup>

He is careful to distinguish between the different patterns of use that he encounters in the various places where he works. Further down on the same page he does use the slavery metaphor for the pattern of opium use he encounters in the “better class” Chinese population of Singapore.

They generally rationed themselves to a fixed daily allowance. This means to say that they had become slaves to opium. This daily allowance being a fixed quantity, must soon become of just sufficient effect to bring them to a normal condition. Without it they were irritable and uncomfortable until the time came for their smoke.<sup>189</sup>

As several other authors, e.g. De Quincey and Burroughs, have pointed out, it is not the occasional use of a drug that causes addiction and detrimental effects, but prolonged and regular use. The notion that drug use equals or inevitably leads to addiction, frequently to be found in the dominant discourses on drugs, is one of the many dangerous oversimplifications that creates danger to the individual rather than averting it. If someone takes a drug only occasionally and thus avoids the habituation that these discourses forecast, he or she is likely to dismiss other ‘truths’ that are part of the ‘official’ discourses, that are not as overgeneralised. Likewise, the ‘gateway-drug’ theory that is frequently applied to cannabis probably does more to undermine the efforts of anti-drug campaigns than to achieve the desired aims by actually preventing people from trying out cannabis.

Many participants in the discourse on drugs, both on the anti-drug and the pro-drug side, present their opinions with a fervent zeal that is remarkably similar to the religious zeal of devout adherents to a monotheistic faith. There is no space in their reasonings for

---

<sup>187</sup> *Underworld of the East*, p. 87.

<sup>188</sup> *Underworld of the East*, p. 88.

<sup>189</sup> *Underworld of the East*, p. 88.

any doubts or ambiguities. There is only an *either X or Y*, a thesis and an antithesis, and no room for a *both X and Y* or a synthesis *Z*. The majority of the discourse on drugs is a system of belief/truth/knowledge, where any differing opinion, research finding or discursive statement is perceived as a heresy, as something that endangers the entire system, which must be shouted down or disproved.

This may be a clue to why Lee's autobiographical book did not cause any stir at the time when it was published, and why it is rarely quoted in the discourse on drugs. It did not attack any books or statements from the anti-drug side, causing no-one to descry it as unscientific or a danger to those who were felt to be 'vulnerable' to the 'lure' of 'drugs', nor did it contain passages that were unreservedly pro-drug. Neither did Lee make references to other writers in the discourse on drugs, thus positioning himself on one side or the other. He rarely refers to the discourse on or books about drugs. On one occasion he remarks that the manner in which opium is smoked "has been so often described in books"<sup>190</sup> that he refrains from giving a detailed description, on another he writes about "studying a book by an Indian writer"<sup>191</sup>, but neither statement gives any clear references to the sources. And although he mentions "Dangerous Drugs", the context always implies that he does not believe them to be *necessarily* harmful or dangerous. As he wrote in the first chapter, he felt it necessary to have adequate knowledge of a substance in order to use it without detrimental effects. Some of his knowledge he tries to impart in his book, e.g. the effects of opium use and the effects of his advice on a Chinaman he encounters in the Malay Archipelago:

Towler was a Chinaman of about thirty-five years of age, although he looked to be sixty. He was wizened and shrunken, and he spent most of his time in the little room behind his store, smoking pipe after pipe of opium. In the mornings he would be fairly normal, and then he would be bewailing his fate, and cursing opium.

"Banya Sussa Tuan," he would say, "Tida mow Mukan, Tida mow Binni, Tida buli buong aya," meaning that he did not want to eat, he did not want a wife, nor could he empty his bowels.

[...]

Towler had tried to give opium up more than once, and had failed, and now he was hopeless. He had sent his Malay girl away because he had no more use for her, he told me, and although well off, with a large store in Singapore, he lived here for opium. A living death.

I introduced him to some of my drugs, and soon he was like a new man; full of life and happiness; eating well; and then he sent over to Singapore for another wife.<sup>192</sup>

---

<sup>190</sup> *Underworld of the East*, p. 21.

<sup>191</sup> *Underworld of the East*, p. 20.

<sup>192</sup> *Underworld of the East*, p. 67.

Lee would freely admit to being an addict, but to him the word did not carry the negative connotations usually associated with it. He takes a view on addiction that was revolutionary for the time when he wrote the book: “We are all drug addicts in some form or another. What is tobacco smoking, tea and coffee drinking, liquor drinking and many other forms, but drugging?”<sup>193</sup> This quote also shows that in the early twentieth century using a drug was frequently equated with addiction to it.

When he encounters the dominant discourse on drugs, he trusts his own experience and knowledge more than that of professionals. On a sea voyage back to England he has to share his cabin with a medical student. “Soon he discovered that I was using drugs, and he gave me a lecture on the terrible consequences of the habit. I asked him if he had ever taken any himself, and he confessed that he had not, and that he was going on what he had heard.”<sup>194</sup>

During this voyage, he reduces his intake of morphia and cocaine by a system of alternately reducing the one and then slowly matching his intake of the other. It is a slow process, but he succeeds, writing that “A few weeks after my arrival in England, I was able to stop using drugs entirely.”<sup>195</sup> He admits to feeling some craving left afterwards, so he decides “to continue experimenting and searching, until I found a cure which was fool proof and easy.”<sup>196</sup> He strongly discourages a method of slowly reducing the intake of opium that he had witnessed in China: “This kind of system is no good; the craving becomes intense, and few have the will power to carry it out.”<sup>197</sup> He finds the “fool proof” method of withdrawal while in the jungle of Sumatra, in the form of a plant he ‘discovers’ during his experiments in his quest for new psychoactive substances. Offering a reward (opium) to natives who bring him psychoactive plants, he encounters many plants that he tries on rats, which he keeps for this purpose, and, if they show no adverse effects, on himself. One of the plants, which he unfortunately does not describe in detail, has a remarkable effect that he discovers while trying out its effects in combination with cocaine: “In almost the time it takes a person to feel the effects of a glass of whisky I was in a normal condition again; just as though I had never had any cocaine or any other drug.”<sup>198</sup> He also tries out this substance, which he calls “No. 2”, in conjunction with his other drugs and comes to an almost unbelievable conclusion:

Not only would this drug remove all forms of intoxication, exhilaration, and narcotic effects, but it would remove pain of most kinds. It would reduce

---

<sup>193</sup> *Underworld of the East*, p. 105.

<sup>194</sup> *Underworld of the East*, p. 62-3.

<sup>195</sup> *Underworld of the East*, p. 63.

<sup>196</sup> *Underworld of the East*, p. 64.

<sup>197</sup> *Underworld of the East*, p. 64.

<sup>198</sup> *Underworld of the East*, p. 95.

the temperature if too hot, produce a feeling of warmth when too cold, and remove fatigue.

It seemed to have the power of bringing the bodily condition back to normal in every case, and producing a feeling of perfect happiness and content.<sup>199</sup>

This description makes the substance seem like a panacea. Later he discovers that this drug could also remove the adverse effects of withdrawal:

I had been experimenting on myself with the drug No. 2 for some days, and I had not used any other drugs at all, stopping every kind suddenly and only taking this one drug three times a day.

I felt perfect, without the least trace of the usual adverse symptoms; which would be expected otherwise.

Next I started diminishing the amount of the drug daily, and in a fortnight I was quite free.

I had no suffering or craving at all, and I had been without drugs of any description for over a week. I have proved the power of this drug conclusively to my own satisfaction.

No matter what drug I was using, with the aid of No. 2 I could give it up quite easily.<sup>200</sup>

In many respects, Lee appears as a prototype of many later sub-cultural drug users. He was disenchanted with the life he could lead at home, he was “fed up with life in England. There was too much sameness about it; a place where there is little real freedom, and where one had to do just as the next fellow did.”<sup>201</sup> He wants to see and experience the Other, “to delve below the surface,”<sup>202</sup> both in the countries he works in, and in his drug experiences, where he often seeks vivid hallucinations or “visions”<sup>203</sup>. He seeks contact with the ‘native’ population, like Dr. Babu, with whom he becomes friendly “because I treated him differently from the way most Europeans treated the educated Indian in those days – by affecting to consider them as inferiors”<sup>204</sup>, and wants, during his holidays from work, “to get off the beaten track”<sup>205</sup>. During one stay in Calcutta, he buys one of the first motorcycles available there and is met with reactions that turn him into a prototype of the later stereotype of the ‘biker’, annoying the ordinary citizens out of spite: “I received so much abuse and bad language that it got my back up. There was no law to stop me being with my machine on the roads, but if the protests had been polite I would have confined

---

<sup>199</sup> *Underworld of the East*, p. 95.

<sup>200</sup> *Underworld of the East*, p. 98-9.

<sup>201</sup> *Underworld of the East*, p. 110.

<sup>202</sup> *Underworld of the East*, p. 110.

<sup>203</sup> Cf. e.g. *Underworld of the East*, p. 115-7.

<sup>204</sup> *Underworld of the East*, p. 20.

<sup>205</sup> *Underworld of the East*, p. 123.

myself to less frequented places.”<sup>206</sup> As a reaction to the abuse he encourages friends to buy motorcycles as well, seeking strength in a group.

The book is above all a document proving the plasticity of the discourses on drugs around the turn of the century. By plasticity I mean a state in which several discourses could live happily side by side. The formation of a dominant strain of discourse, an ordering discourse that influences and shapes the others, had not yet occurred. In the case of the discourse on drugs, this ordering discourse was the juridical discourse, that made the use of certain drugs illegal. While before the Dangerous Drugs Act was passed in Britain, the medical discourse concerned itself mainly with the effects of drugs and the moral discourse dealt with the non-medical reasons for or against their use, after it was enforced, these discourses turned much of their attention to whether drugs were so dangerous as to justify their illegal status or to debates that centred around freedom of the individual vs. the corrupting influences of drugs on a group or community. Although these topics had all been part of the discourse on drugs before the Act was passed, they were later ordered in a hierarchical relationship to the new super-discourse. This is true for both, strains of discourse that supported the ordering discourse, and the counter-discourses, that now frequently questioned the legitimacy of prohibitions and tried to counteract the perception of the addict as a criminal.

The plasticity becomes most obvious when one compares the frank way in which Lee writes about the use and effects of drugs with his reservations when it comes to writing about explicit and ‘deviant’ sexuality. Writing about Dr. Babu, he writes that he was “fond of female society” and gives the example of dancing girls, but also alludes to “other entertainments which I will not describe.”<sup>207</sup> Writing about the Chinese “Bongsals”, the huts of the labourers, while working in Sumatra, he states: “What I have seen in this place I am not able to put into print. There were harems here that contained no women.”<sup>208</sup> These reservations about writing down what he saw are not caused by prudery, but by the limits set by the law on writing about ‘obscenities’. In the discourses on sexuality the ordering had taken place from the sixteenth century onwards and had reached a state of rigidity. Discourse was clearly regulated, ‘deviant’ sexualities were confined in the domains of medical and juridical discourse, and even alluding to homosexual acts could cause an upstir, as the censorship trial against Radclyffe Hall’s *The Wells of Loneliness* (1928) shows<sup>209</sup>.

Lee’s representations of drug use provide different perspectives on the subject. He acknowledges that there are patterns of drug use that correspond to the addiction attribution

---

<sup>206</sup> *Underworld of the East*, p. 119.

<sup>207</sup> *Underworld of the East*, p. 21.

<sup>208</sup> *Underworld of the East*, p. 77.

<sup>209</sup> Cf. Joseph Bristow, *Sexuality*, (London: Routledge, 1997), p. 52-3.

(e.g. the stable and near uncontrollable use he attributes to some Chinese opium smokers) and that such behaviour is quite common, but contrasts this with his own 'system' of drug use, which is fluctuating and variable. He presents himself as being able to control his drug use and quit using altogether if necessary. It is not the behaviour of taking drugs per se that he describes as dangerous, but incompetent use. Knowledge about drugs and how to avoid the possible detrimental effects of drug use are of paramount importance to him.

On the closing page of the book, Lee writes that he had some reservations about writing the book: "For many years I have intended writing this story, but always have I hesitated to do so. I feared the publicity, but now I have given up my profession, and most of my friends are dead and gone, so I have no longer any reasons for delay."<sup>210</sup> This points towards an increasing stigmatisation of drug use that accompanied the passing of the Dangerous Drugs Act. His practice and experience of using drugs do not fit in with the stereotypes encouraged by the early twentieth century media coverage of drug use, which had often portrayed users in a criminal context. Nelson Algren's *The Man with the Golden Arm*, which I will turn to next, is a mid twentieth century example for the portrayal of opiate use in a context of an underworld of petty crime.

---

<sup>210</sup>*Underworld of the East*, p. 170.



## 3.5 Junkies in America

### 3.5.1 Nelson Algren: *The Man with the Golden Arm* (1949)

Nelson Algren's novel *The Man with the Golden Arm* is set in post World War II Chicago. The protagonist Frankie Majcinek, a morphine addict, is nicknamed Frankie Machine or Dealer, the latter not because of his habit, but because he works as a card dealer at a table in a gambling joint. In the novel many elements of the junkie stereotype crossed over from penny-dreadful stories into the world of literary fiction. It reflects the perception of drug use in connection with an underworld of mainly petty crime and helped shape a perception of the opiate user that was to dominate much of the twentieth century's discourse on opiates. It also makes use of one form of the disease view of addiction that emerged in the 1830s in the American Temperance Movements, perceiving and presenting addiction as a 'disease of will'<sup>211</sup>. Algren lets his protagonist display a perception of addiction and his addicted self that conforms to what I call the 'impossible to quit' paradigm, culminating in his suicide.

Frankie Machine had acquired his habit as a result of an injury suffered in France during the war. This makes it easier for the reader to sympathise with him, as do his frequently voiced intentions to quit using: "I'm kickin' the stuff altogether this week end"<sup>212</sup>. However, he only manages to kick it once, and that is not due to his own willpower, but due to the external force of him doing a stretch in prison. A short while after he gets out again he relapses. Algren has Machine mystify the psychological aspects of addiction as an exterior force that is impossible to evade. He lets Machine explain it to his slightly simple-minded sidekick Solly Saltskin:

'It's like this, Solly. You put it down for months 'n months, you work yourself down from monkey to zero. You beat it. You got it beat at last.' [...] 'You know you got it beat. You got it beat so stiff when the fixer says, "It ain't gonna cost you a dime this time, I got some new stuff I just want to try," you tell him, "Try it yourself," 'n give him the laugh. [...] Because gettin' fixed is the one thing you'll never need again all your life.

'Three weeks later you wake up, it's dark out but not like night 'n it ain't morning neither — it's just Fix Time. It's comin' on like a wave way out there, bigger 'n bigger 'n bigger 'n comin' right at you till it's big as this hotel, it hits you 'n you're gone. [...]'<sup>213</sup>

This quote reflects a model of addiction that is based on the notion of an irresistible urge or craving that sets apart the addict from the occasional user. This 'disease of will' con-

<sup>211</sup>Cf. Levine, Harry G., "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America." in *Journal of Studies on Alcohol* 15 (1979), p. 493-506; reprinted at <http://www.drugpolicy.org/library/tlclevin.cfm>.

<sup>212</sup>Nelson Algren, *The Man with the Golden Arm*, (Edinburgh: Rebel Inc., 1998), p. 25.

<sup>213</sup>*The Man with the Golden Arm*, p. 277.

cept of addiction is not based on the assumption that an individual starts off as a deviant predisposed to the use of drugs, but that the substance used carries within the ‘diseasing’ properties: it is thought to be inherently addictive. This view is coupled by Algren with an emphasis on the physical effects caused by the morphine, making the addict appear as sick in both mind and body. This physical aspect is used when Machine goes on to tell about the pains of withdrawal that suddenly besieged him again, although the physical withdrawal and detoxification are some time past. While the pains described correspond to those of acute withdrawal symptoms, they are quite unrealistic in this context. Although psychological cues may trigger some symptoms in former users that correspond to those of withdrawal, they would not be as severe as they are described in the novel. The exaggeration of their severity complies with the ‘impossible to quit’ paradigm that was widely and frequently used in the media from the 1930s onwards. This paradigm is central to the self-construction of an addict identity in the novel. Machine’s self-perception matches the contemporary public perception of the addict. Unlike most novels discussed in this chapter, which frequently include representations of addict characters who are shown to both quit using and relapse again, and in which will-power is described as the central element of overcoming addiction, Algren lets Machine deny the power of the individual to resist: “There ain’t no “will power” to it like squares like to say. There ain’t that much will power on God’s green earth. If you had that much will power you wouldn’t be a man, you’d be Jesus Christ.”<sup>214</sup> In spite of this, there is a character in the novel who has successfully quit morphine. His success is presented as the rare exception to the rule. That character is Louie Fomorowski, the actual ‘dealer’ who supplies Machine with his morphine. “Louie was the best fixer of them all because he knew what it was to need to get well. Louie had had a big habit – he was one man who could tell you you lied if you said no junkie could kick the habit once he was hooked. For Louie was the one junkie in ten thousand who’d kicked it and kicked it for keeps.”<sup>215</sup> In his presentation of addicts, Algren complies with the contemporary dominant discourses on drugs, yet there are a number of elements in the novel that appear to extend beyond it. Occasionally the addict is presented as a constructed identity, albeit not as the product of a conscious choice, but rather as a self-inflicted punishment. The reader gets a glimpse of this when Louie talks about the perceived inability to quit using:

‘But don’t tell *me* you can’t kick it if you *want* to. When I hear a junkie tell me he wants to kick the habit but he just can’t I know he lies even if *he* don’t know he does. He *wants* to carry the monkey, he’s punishin’ hisself for somethin’ ’n don’t even know it. It’s what I was doin’ for six years, punishin’ myself for things I’d done ’n thought I’d forgot. So I told myself how I

<sup>214</sup>*The Man with the Golden Arm*, p. 277-8.

<sup>215</sup>*The Man with the Golden Arm*, p. 62.

wasn't to blame for what I done in the first place, I was only tryin' to live like everyone else 'n doin' them things was the only way I had of livin'. Then I got forty grains 'n went up to the room 'n went from monkey to nothin' in twenny-eight days 'n that's nine-ten years ago 'n the monkey's dead.'<sup>216</sup>

The nexus between drug use and guilt presented here enables the reader to identify a potential reason for Frankie Machine's use: the guilt he feels due to having caused the car accident that rendered his wife, Sophie, paralysed and confined to a wheelchair. Thus his sufferings can be interpreted by the reader as a just punishment.

While Machine is in prison, a newly arrived addict is described as "some pale castoff, a twenty-year-old so far gone in narcoticism that nothing but the one big bitter fix of death could cure him" and labelled as a "self made man."<sup>217</sup> Again, the addict is presented as a self-created identity. However, this identity is depicted by Algren as not being the result of a conscious choice, like some later authors have done, but due to what were thought to be the inherently addictive qualities of opiates that undermine or 'infect' the will of the user.

Yet one of the reasons that Algren lets Machine give for his use of morphine reflects an element of the self-construction of the addict that recurs in some books of the late twentieth century. It is a fatalistic concentration of the problems that an individual faces.

'There's so many little worries floatin' around 'n floatin' around, why not roll them all up into one big worry? Just like goin' by the loan-shark 'n gettin' enough to pay off all the little debts with one big one? That's where I'm bein' smarter than you, it shows I'm gettin' out of the hole, it's what you ought to do too so's we can be buddies again: roll 'em all up into one big one like me, Solly.'<sup>218</sup>

This, when read on its own, may appear to be the sign of a conscious choice, but, with the strong emphasis that Algren gives the physical and psychological forces that led to Machine's relapse into drug use, it turns into an unconvincing excuse by which Machine ineffectively tries to locate the cause of his drug use within the environment (i.e. presents an external locus).

Algren makes use of the addiction attribution that represents continuing drug use not as a choice, but as a behaviour that is somehow produced by the drug. While this may appear to be an external locus for the behaviour, the 'disease of will' concept transforms this into an internal locus. The addict is portrayed as changed by the drug and incapable of stopping his regular drug use. This corresponds to an internal × stable attribution typical

---

<sup>216</sup>*The Man with the Golden Arm*, p. 63.

<sup>217</sup>*The Man with the Golden Arm*, p. 218.

<sup>218</sup>*The Man with the Golden Arm*, p. 279.

of explaining a behaviour that would be seen as culpable were it not also perceived as uncontrollable.

One aspect of the discourse on drugs that is clearly mirrored in the novel is that the progression from occasional user to confirmed addict is presented as an inevitability. Although Louie differentiates between types of users, the transition from one to the other is taken for granted.

They called those using the stuff only occasionally ‘joy-poppers’ and wished them all great joy. For the joy-poppers had no intention of becoming addicts in the true sense. They had the will power, they felt, to use God’s medicine once or twice a month and forget it the rest of the time.

Nor did Louie acknowledge that a student had ceased to be a joy-popper because he had reached a once-a-week compromise with his need. Once a week wasn’t being hooked in Fomrowski’s book. On a quarter grain a week a man was still just a student. It wasn’t till a man needed a quarter of a grain a day that Louie felt the fellow was safely in the vise. ‘You’re not a student any more,’ he would offer his felicitations. ‘You just graduated. Junkie — you’re *hooked*.’<sup>219</sup>

Again, the “need” or compulsion created by the drug is taken as an inevitable effect of its use. This corresponds with a widespread belief in the ‘slippery slope’ paradigm, the notion that even occasional, non-addicted use will, in the long run, lead to addiction. The novel remains within what was the dominant strain of drug discourse, which saw and tried to prove inherent danger in all illegal drugs (and had, during the prohibition, seen it in alcohol too), often, and especially in the mass media, wildly exaggerating the effects, a tendency that is most obvious in the campaigns against marijuana.

In *The Man with the Golden Arm*, the ‘need’ is frequently referred to by the metaphor of the “thirty-five-pound monkey” that sits on the addict’s back. Through this metaphor, the ‘need’ is transformed into something external to the addict, that he is unable to shake off. The “monkey” symbolises the aspect of addiction that is not human, i.e. not subject to the higher faculties of reason or logic, but animal in the urgency of its ‘need’ to be ‘fed’. The “monkey” is a parasitic Other which takes hold of the addict, external to but inseparable from him. It reflects the perception of drugs as the Other that is a danger if allowed to ‘infect’ the body or a culture. This points towards a medical concept of addiction that justifies the incarceration of addicts as individuals not able to control themselves, and turns them into close relatives of the madman.

The notion of the addict as insane is emphasised by Algren by letting Machine project the addict part of himself into an imaginary “Private McGantic”:

He had met him before, that certain down-at-heel vet growing stooped from carrying a thirty-five-pound monkey on his back. Frankie remembered

---

<sup>219</sup>*The Man with the Golden Arm*, p. 25-6.

that face, ravaged by love of its own suffering as by some endless all-night orgy. A face forged out of his own wound fever in a windy ward tent on the narrow Meuse. He had met Private McGantic before: both had served their country well.

This was the fellow who looked somehow a little like everyone else in the world and was more real to a junkie than any real man could ever be. The projected image of one's own pain when that pain has become too great to be borne. The image of one hooked so hopelessly on morphine that there would be no getting the monkey off without another's help. There are so few ways to help old sad frayed and weary West Side junkies.<sup>220</sup>

For Machine, McGantic is the externalised addiction. Through this externalisation, Machine renounces the possibility to influence his drug-taking behaviours. This strategy allows him to evade taking action to quit using morphine, because while he might change himself, there would always be the externalised McGantic shaped by the experiences during the war, an addict self that is constructed so as to stay stable. While this attribution may transfer the blame for the addicted behaviour from Machine himself to the imaginary McGantic, it also robs Machine of the possibility to change, because the locus of addiction has been moved out of his reach. This parallels one of the dominant strains of medical discourse on drugs in the twentieth century, i.e. that the locus of control over the situation is transferred from the user to an external force inherent in the drug's properties. The user is transformed into a helpless victim controlled by the drug, rather than being a criminal, an individual who maliciously chooses to continue using.

At the end of the novel, it is McGantic who has 'provided' Machine with the means to commit suicide when he believes himself cornered by police. This makes the death of the user seem inevitable, the externalised forces of addiction are represented as ultimately lethal. The externalised addiction has a grip on the user that does not allow for self interventions, the frequent cures and relapses portrayed in *Underworld of the East* or in Burroughs' *Junky*, which, although it uses a medical model of addiction, does not represent the user as an impotent puppet of an external force.

---

<sup>220</sup>*The Man with the Golden Arm*, p. 59.

### 3.5.2 William S. Burroughs: *Junky* (1953)

William S. Burroughs probably was the most influential writer on drugs that the twentieth century produced, and certainly the one who is most widely known. Born in 1914, Burroughs started using drugs in the 1940s and his first novel, a fictionalised, yet to a large extent autobiographical account of the ‘drug underworld,’ *Junky*<sup>221</sup>, was first published in 1953. He wrote about users and addiction from experience, and did not abuse drugs as some character’s perceived manifest destiny of self-destruction, as it was the case with Algren’s Frankie Machine, but described patterns of use and repeated quitting and relapse. *Junky* exposes myths surrounding the addict, especially the media-created hysteria — the calling for ever tighter restrictions and controls over the individual — that to him was the most dangerous aspect of the “junk virus.”<sup>222</sup>

In the preface to *Junky* Burroughs addresses the question of why someone becomes an addict. He lets the first person narrator state that becoming an addict is usually not intentional. However, he did not paint a picture of the addict that made him a victim of unscrupulous pushers, as it was popular in the media coverage on drug users in the 1940s and 50s, but one which gave the addict a more active role in acquiring a ‘habit’. The dominant discourses assumed that trying a drug immediately and almost invariably led to addiction — what may be called the ‘instantaneous addiction’ paradigm. This paradigm is closely intertwined with the disease model of addiction and its metaphors of illness. Drug use was represented by the media as a contagious disease, and thus trying out drugs was thought to infect the user with the ‘germ’ of addiction, which, if not cured, would inevitably lead to his destruction. While Burroughs adhered to a medical model of addiction, it was quite different to the disease model accepted by the dominant discourses of the time, which frequently saw addiction as a ‘disease of will’. To him, addiction was an absolute need (“If you have never been addicted, you can have no clear idea what it means to need junk with the addict’s special need.”<sup>223</sup>) on a cellular level, where some cells in the body develop a metabolism that makes opiates necessary for their survival. As a consequence, he believed that a withdrawal from opiates “involves the death of junk-dependent cells and their replacement with cells that do not need junk.”<sup>224</sup> The statements made by the narrator about opiate addiction challenged some of the existing paradigms, e.g. the impossibility to quit using opiates (“Most users periodically kick the habit”<sup>225</sup>), paradigms that supported the strain of discourse on addiction which was based on using

<sup>221</sup>William S. Burroughs, *Junky*, (Harmondsworth: Penguin, 1977), first published by Ace Books, Inc., 1953.

<sup>222</sup>C.f. ‘Afterthoughts on a Deposition’ in: Burroughs, *Naked Lunch*, (London: Paladin, 1992), p. 15.

<sup>223</sup>*Junky*, p. xv.

<sup>224</sup>*Junky*, p. 23.

<sup>225</sup>*Junky*, p. xv.

metaphors of terminal illness for addiction. Similarly, he lets the narrator refute the notion of instantaneous addiction.

It takes at least three months' shooting twice a day to get any habit at all. And you don't really know what junk sickness is until you have had several habits. It took me almost six months to get my first habit, and then the withdrawal symptoms were mild. I think it no exaggeration to say it takes about a year and several hundred injections to make an addict.<sup>226</sup>

This conflicts somewhat with the notion of addiction as not intentional and raises the question of why someone uses a drug "long enough to become an addict?" The narrator's answer negates the notion that there is some extremely powerful lure in the drug that inevitably ensnares the user.

You become a narcotics addict because you do not have strong motivations in any other direction. Junk wins by default. I tried it as a matter of curiosity. I drifted along taking shots when I could score. I ended up hooked. Most addicts I have talked to report a similar experience. They did not start using drugs for any reason they can remember. They just drifted along until they got hooked. [...] You don't decide to be an addict. One morning you wake up sick and you're an addict.<sup>227</sup>

Then why, if there is no intention to become addicted, and the process of getting a "habit" takes several months of more or less regular use, does the user get addicted at all? Especially since the effects of morphine that the narrator describes are ambivalent: he experiences a "wave of relaxation", not an euphoric rush, and this is accompanied by negative side-effects, a "strong feeling of fear"<sup>228</sup> and nausea. Burroughs' narrator does not give a reason why he continues using until he is addicted. However, a possible answer can be derived from what he has to say in the context of the "changes people undergo as they get a habit":

The actual changes are difficult to specify and they do not show in the mirror. That is, the addict himself has a special blind spot as far as the progress of his habit is concerned. He generally does not realize that he is getting a habit at all. He says there is no need to get a habit if you are careful and observe a few rules like shooting every other day. Actually, he does not observe these rules, but every extra shot is regarded as exceptional. I have talked to many addicts and they all say they were surprised when they discovered they actually had the first habit. Many of them attributed their symptoms to some other cause.<sup>229</sup>

---

<sup>226</sup> *Junky*, p. xv.

<sup>227</sup> *Junky*, p. xv.

<sup>228</sup> *Junky*, p. 7.

<sup>229</sup> *Junky*, p. 22.

The addicts' surprise must be attributed to the discrepancy between the information distributed by official sources and the media, clinging to the 'instantaneous addiction' paradigm, and their own experiences, which taught them that occasional use did not result in the predicted addiction and withdrawal symptoms, leading them to ignore whatever truths the dominant discourse still contained. Once such discrepancies result in the official discourse being dismissed by the non-addicted (or not-yet-addicted) user as a false construct, he is reluctant to interpret his own behaviour in a framework of habituation and addiction, leading to the formation of the "blind spot". Ironically, the "blind spot" contributed to the perpetuation of some of the mythical paradigms that surround opiate use. If the user goes on to develop an addiction, he encounters some difficulties in explaining how this could happen. He has to attribute his addiction either to himself (e.g. he has to admit that he had become careless in his use of the drug), or to the substance, imbuing it with exaggerated powers. Since the former attribution is unlikely to evoke compassion because the user as a subject is responsible for his actions, most addicts are likely to choose the latter, representing themselves as the object of the drug's actions. Such attributions of behaviour to the effects of a substance have been and are still being used by addicts since it allows them to see and represent themselves as victims, who are eligible for support and medical assistance, rather than subjects who actively chose to act as they did, an attribution that would justify their being labelled as criminals because they broke the law prohibiting the use of drugs without the mitigating circumstance of being the victim of or "slave" to the "pernicious drug".

Throughout the novel, Burroughs tries to debunk the myths surrounding the use of drugs, myths that play such an important role both in the discourses on drugs and in the construction of the addict stereotype. The narrator refutes the 'instantaneous addiction' paradigm and the notion that opiates produce some kind of irresistible pleasure by letting the narrator of *Junky* point out that many people who try out opiates do not go on to develop a habit. "Mostly, the kids said it was a good kick, and that was all. Just a good kick like nembies, or bennies, or lush, or weed." It was just "a few [who] stayed around to get hooked"<sup>230</sup>, a fact which is often neglected in the discourse on opiates, which focuses on those who develop an addiction.

Burroughs lets the narrator emphasise that opiates do not produce a special pleasure in the user, except for the first few occasions that they are used. "Junk is not, like alcohol or weed, a means to increased enjoyment of life. Junk is not a kick. It is a way of life."<sup>231</sup> This "way of life" is a centreing of life around the use of opiates. Opiates replace the everyday cares and worries (work, status etc.) as an organising factor of life. "As a habit

---

<sup>230</sup> *Junky*, p. 42.

<sup>231</sup> *Junky*, p. xvi.



takes hold, other interests lose importance to the user. Life telescopes down to junk, one fix and looking forward to the next, “stashers” and “scripts,” “spikes” and “droppers.” The addict himself often feels that he is leading a normal life and that junk is incidental.”<sup>232</sup>

An important aspect of *Junky* are the various attempts at and methods of opiate withdrawal. As I have pointed out before, Burroughs denied the discursive paradigm of the impossibility to quit using opiates and wrote that most opiate users periodically quit using, yet often relapse. A relapse after a successful withdrawal is an active choice by the user: he knows the detrimental effects of opiate use and the discomforts of withdrawal, yet decides to resume a lifestyle ordered by his use of opiates, despite the knowledge that this decision is not easily reversible. It is at this point, that the addict identity becomes a chosen identity, just as the decision to undergo a withdrawal is the expression of a preference for a non-addict identity. The narrator occasionally voices the intention to quit, but more often than not the plans come to nothing.

Junk takes everything and gives nothing but insurance against junk sickness. Every now and then I took a good look at the deal I was giving myself and decided to take the cure. When you are getting plenty of junk, kicking looks easy. You say, “I’m not getting any kick from the shots any more. I might as well quit.” But when you cut down into junk sickness, the picture looks different.<sup>233</sup>

The main difficulty of quitting are the acute withdrawal symptoms, what Burroughs calls the “sickness”: “The reason it is practically impossible to stop using and cure yourself is that the sickness lasts five to eight days. Twelve hours of it would be easy, twenty-four possible, but five to eight days is too long.”<sup>234</sup> The pains of withdrawal present a great dilemma: on the one hand, the addict may have the intention to quit using, on the other, the user knows that if this intention is carried out, it will involve severe discomforts, giving him an incentive to continue using and delay any plans of withdrawal.

I knew that I did not want to go on taking junk. If I could have made a single decision, I would have decided no more junk ever. But when it came to the process of quitting, I did not have the drive. It gave me a terrible feeling of helplessness to watch myself break every schedule I set up as though I did not have control over my actions.<sup>235</sup>

In other publications, Burroughs has written extensively about the different ‘cures’ that he experienced<sup>236</sup>, yet in *Junky* he does not include any ‘instructions’ for successful with-

---

<sup>232</sup> *Junky*, p. 22.

<sup>233</sup> *Junky*, p. 125.

<sup>234</sup> *Junky*, p. 94.

<sup>235</sup> *Junky*, p. 125.

<sup>236</sup> E.g. the “Letter from a master addict to dangerous drugs” dating from 1956, first published in *The British Journal of Addiction*, Vol. 53, No. 2; reprinted in Burroughs, *Naked Lunch*, (London: Paladin, 1992), p. 187-201.

drawal, only warnings against unsuccessful methods. Like James Lee, the narrator advises against reduction cures. “I have never known one of these self-administered reduction cures to work. You find reasons to make each shot an exception that calls for a little extra junk. Finally, the junk is all gone and you still have your habit.”<sup>237</sup>

The problem of quitting is followed by that of re-learning a drug-free life, replacing the behaviours of the addict with other behavioural patterns. Once the physical withdrawal is successful, there is no desire for the effects of opiates. “You don’t need will power to say no to junk when you are off. You don’t want it.”<sup>238</sup> However, it is difficult for the former user to re-learn living a life that does not rely on opiates as an organising factor. The former motivation for most of the junky’s actions, the “need” to obtain opiates to avoid withdrawal symptoms, becomes redundant and has to be replaced by other goals.

After a junk cure is complete, you generally feel fine for a few days. You can drink, you can feel real hunger and pleasure in food, and your sex desire comes back to you. Everything looks different, sharper. Then you hit a sag. It is an effort to dress, get out of a chair, pick up a fork. You don’t want to do anything or go anywhere. You don’t even want junk. The junk craving is gone, but there isn’t anything else. You have to sit this period out. Or work it out. Farm work is the best cure.<sup>239</sup>

The main incentive for the narrator to stay off opiates is a revulsion at the monotonous schedule prescribed by addiction. “When you quit junk, everything seems flat, but you remember the shot schedule, the static horror of junk, your life draining into your arm three times a day.”<sup>240</sup> However, for a fair number of users this schedule is nevertheless attractive as a means of structuring life and dispelling everyday worries. The function of opiates as the organising principle in the addict’s life can also serve to explain why, in the case of a relapse, the period of time needed to develop a new ‘habit’ is so much shorter than the time it takes for the first ‘habit’ to form.

An addict may be ten years off the junk, but he can get a new habit in less than a week; whereas someone who has never been addicted would have to take two shots a day for two months to get any habit at all. I took a shot daily for four months before I could notice withdrawal symptoms. You can list the symptoms of junk sickness, but the feel of it is like no other feeling and you can not put it into words. I did not experience this junk sick feeling until I got my second habit.

Why does an addict get a new habit so much quicker than a junk virgin, even after the addict has been clean for years? I do not accept the theory that junk is lurking in the body all that time—the spine is where it supposedly

---

<sup>237</sup> *Junky*, p. 60.

<sup>238</sup> *Junky*, p. 101.

<sup>239</sup> *Junky*, p. 101.

<sup>240</sup> *Junky*, p. 139.

holes up—and I disagree with all psychological answers. I think the use of junk causes permanent cellular alteration. Once a junky, always a junky. You can stop using junk, but you are never off after the first habit.<sup>241</sup>

Here the narrator develops an obscure theory. The “[o]nce a junky, always a junky” may be true from a behavioural point of view, i.e. an ex-addict needs only very little time to relearn ‘junky’ behaviour in case of a relapse, but it is nonsense from a physiological point of view. While experience with a substance may lead a relapsed addict to increase doses more rapidly than a “junk virgin” would, the main difference between the two lies in the behavioural aspect of the life ordered by opiates, which the “junk virgin” has yet to learn. It is also possible that the former junky upon relapse accepts being addicted more easily and embraces the addict identity more readily than someone beginning to dabble with opiates. The junky expects to be physically addicted.

Despite his insistence on the perpetuity of an addict identity, the narrator proclaims the possibility of a permanent decision to quit near the end of the novel.

When you give up junk, you give up a way of life. I have seen junkies kick and hit the lush and wind up dead in a few years. Suicide is frequent among ex-junkies. Why does a junky quit junk of his own will? You never know the answer to that question. No conscious tabulation of the disadvantages and horrors of junk gives you the emotional drive to kick. The decision to quit junk is a cellular decision, and once you have decided to quit you cannot go back to junk permanently any more than you could stay away from it before. Like a man who has been away a long time, you see things differently when you return from junk.<sup>242</sup>

The narrator makes a distinction between the decision to stop using (e.g. due to mounting costs, health problems, the desire to reduce tolerance and increase effects) and the decision to quit permanently. It seems that this quitting is a rejection of the ‘junky lifestyle,’ the ordering of life around opiates, so that although relapse may still occur, the user finds the thought of returning to the ‘junky lifestyle’ so repulsive that he is motivated to stop again, the knowledge that he had previously succeeded in stopping making the task seem more achievable.

The fact that many opiate addicts eventually choose to quit using or ‘mature out’ of their addiction was rediscovered in the late 1950s<sup>243</sup> and entered the scholarly discourses on drugs. By the 1980s there was “a considerable body of evidence that most of those who experience problems with alcohol or illicit drugs eventually ‘mature out’ of their difficulties spontaneously.”<sup>244</sup> This instance of an addicted author’s observations being

---

<sup>241</sup>*Junky*, p. 116-7.

<sup>242</sup>*Junky*, p. 151.

<sup>243</sup>Cf. Davenport-Hines, *The Pursuit of Oblivion*, p. 282.

<sup>244</sup>Martin A. Plant, *Drugs in Perspective*, (London: Hodder and Stoughton, 1981), p. 166-7.

validated by the scholarly discourses on drugs shows that narrative literature can offer insights that merit a closer scholarly examination.

*Junky* is a novel that reflects some of the changes in the American attitudes towards ‘drugs’. Although the number of medically addicted persons was still high, numbers were dwindling and the opiate user was redefined as a criminal.

About this time an anti-narcotics drive hit the town. The chief of police said, “This drive is going to continue as long as there is a single violator left in this city.” The State legislators drew up a law making it a crime to be a drug addict. They did not specify where or when or what they meant by drug addict.

The cops began stopping addicts on the street and examining their arms for needle marks. If they found marks, they pressured the addict to sign a statement admitting his condition so he could be charged under the “drug addicts law.” The addicts were promised a suspended sentence if they would plead guilty and get the new law started. Addicts ransacked their persons looking for veins to shoot in outside the arm area. If the law could find no marks on a man they usually let him go.<sup>245</sup>

This kind of legislature is geared at creating fear—a fear in the user of being detected, meant to discourage actual and potential users, but also a fear in the public of the addict. The passing of such an unspecific law was thought by the inadequately informed public to be a reaction against a grave danger for society, which drug use, due to the relatively small number of addicts, was certainly not. The hysterical campaigns in the media, many of them encouraged by Anslinger, the head of the FBN, had grave effects on the perception of users and addicts in the US, and effectively sealed the transformation—in the eyes of the public—of the addict from a patient to be cured, to a criminal who had to be punished.

When I jumped bail and left the States, the heat on junk already looked like something new and special. Initial symptoms of nationwide hysteria were clear. Louisiana passed a law making it a crime to be a drug addict. Since no place or time is specified and the term “addict” is not clearly defined, no proof is necessary or even relevant under a law so formulated. No proof, and consequently, no trial. This is police-state legislation penalizing a state of being. Other states were emulating Louisiana. I saw my chance of escaping conviction dwindle daily as the anti-junk feeling mounted to a paranoid obsession, like anti-Semitism under the Nazis. So I decided to jump bail and live permanently outside the United States.<sup>246</sup>

The absence of a definition of the addict meant that all users could be punished under such a law. Similarly, the often wildly exaggerated claims about the addictiveness of psychoactive substances other than opiates led to users of all illegal psychoactive substances

---

<sup>245</sup> *Junky*, p. 79.

<sup>246</sup> *Junky*, p. 142.

being labelled as addicts. In this climate of disinformation, where scientists who dared to doubt the official “truths” and publish research findings that disagreed with this dominant discourse were subjected to attacks in the media<sup>247</sup>, literature and fiction become an important medium of disseminating information. Burroughs takes great care to differentiate between drugs. While in the media most psychoactive substances were grouped together under the heading of narcotics — implying that they had effects similar to opiates and were as habit forming, a notion that was actively encouraged in the U.S. by many official reports, mainly originating from the Federal Bureau of Narcotics — the narrator points out their distinctness in effects:

In 1937, weed was placed under the Harrison Narcotics Act. Narcotics authorities claim it is a habit-forming drug, that its use is injurious to mind and body, and that it causes the people who use it to commit crimes. Here are the facts: Weed is positively not habit-forming. You can smoke weed for years and you will experience no discomfort if your supply is suddenly cut off. [...] There is less habit to weed than there is to tobacco. Weed does not harm the general health. In fact, most users claim it gives you an appetite and acts as a tonic to the system.<sup>248</sup>

The implicit connection between (illegal) drug use and crime, which had been, again with the help of the FBN, turned into the belief that all drug use *caused* crime is also rejected in connection with marijuana.

Weed does not inspire anyone to commit crimes. I have never seen anyone get nasty under the influence of weed. Tea heads are a sociable lot. Too sociable for my liking. I cannot understand why the people who claim weed causes crimes do not follow through and demand the outlawing of alcohol. Every day, crimes are committed by drunks who would not have committed the crime sober.<sup>249</sup>

While the narrator’s attitudes towards marijuana are mainly positive, cocaine is not seen as harmless by him. Although he questions its addictiveness, the excessive desire to remain “high” is presented as preventing the user from leading a normal life until the effects wear off. The narrator’s representation of cocaine is balanced. Both positive effects (“Coke is pure kick.”<sup>250</sup>) and risks of taking cocaine (“There is [...] not much margin between a regular and a toxic dose.”<sup>251</sup>) are mentioned. Despite the fact that the opinions expressed about drugs in *Junky* are at times diametrically opposed to the official and media discourses on drugs, the publication of the novel did not cause a great stir. An

---

<sup>247</sup>Cf. Davenport-Hines, *The Pursuit of Oblivion*, p. 277-8.

<sup>248</sup>*Junky*, p. 18.

<sup>249</sup>*Junky*, p. 18.

<sup>250</sup>*Junky*, p. 124.

<sup>251</sup>*Junky*, p. 124.

important factor that contributed to this was the form of its publication. “Partly to distance themselves from accusations of drug promotion, and partly out of commercial expediency, the novel was published between the same covers as the memoirs of a narcotics agent as part of the Ace Double-Book series.”<sup>252</sup>

This form of complementing and contrasting a behaviour that was seen by the majority as deviant with the ‘norm’ — as represented by a narcotics agent — emphasised the perception of the addict as a deviant identity. This also enabled the reader to perceive the homosexual references in the novel within a more general context of deviancy. To my knowledge, *Junky* is the first novel in which an addict-narrator is openly homosexual. In the books discussed so far, the drug users were occasionally presented as feminised or deviants from the “male norm”. Burroughs’ writing on both drug use and homosexuality in his later novels was on several occasions attacked as obscene, the ensuing court cases and attempts at prohibiting his books produced publicity in the media that encouraged the notion that the two ‘deviancies’ were somehow connected.

In *Junky*, the narrator points out that there is a link between sexuality and opiate use: “Junk short-circuits sex.”<sup>253</sup> This disinterest in sex, however, is not connected to homosexuality, although the narrator admits he occasionally misinterpreted it as a disinterest in women. “I have frequently been misled to believe a young man was queer after observing his indifference to women, and found out subsequently he was not at all homosexual, but simply disinterested in the whole subject.”<sup>254</sup>

While Burroughs’ first novel was a shaping influence on the perception of addiction as a disease, some aspects of his representation of opiate addiction differ significantly from the dominant disease model of addiction. The conventional addiction attribution for drug-using behaviour is based on the perception of the behaviour as internal × stable. In contrast, Burroughs represents opiate use as fluctuating, with the users occasionally ‘kicking the habit’. This instability is reconciled with the addiction attribution by two strategies: a permanent cellular change caused by opiate use is postulated, and the narrator occasionally presents his own use as uncontrollable. Another incompatibility with the dominant disease model lies in the representation of the transition from an addict identity to a non-addict identity as based on a conscious decision.

Burroughs constructed a disease model of addiction as a counter-discourse that opposed the increasing criminalisation of drug use and users. In *Junky* and some other early novels by him (discussed in 4.3) he made frequent use of the disease model with its ad-

<sup>252</sup>Graham Caveney, *The ‘Priest’, They Called Him: The Life and Legacy of William S. Burroughs*, (London: Bloomsbury, 1997), p. 77.

<sup>253</sup>*Junky*, p. 124.

<sup>254</sup>*Junky*, p. 147.

diction attribution as his main method of counteracting the perception of the drug user as criminal. In contrast to *Naked Lunch* and several other later works, where the use of reverse discourse strategies is frequent, *Junky* exhibits a marked absence of reverse discourse. This may be due to Burroughs embracing drug use as way to be different at the time of his writing the novel, while later he felt a need to counteract the increasing forced marginalisation of the addict by undermining the normal/deviant binary. In his works from the 1980s onwards, he changed the strategies whereby he tried to alter the perception of the addict again. He shifted the emphasis in these later novels from a transgressive reinscription (i.e. type iv. reverse discourse) to a more direct criticism of the criminalisation of the user and to a representation of opiate users that do not comply with the stereotype of the helpless addict.

### 3.5.3 Alexander Trocchi: *Cain's Book* (1963)

The Scottish born writer Alexander Trocchi (1925–1984) is sometimes referred to in the context of the Beat Generation, although he only lived in the US for five years, from 1956 to 1961, and did not belong to the circle of friends and collaborators. The reason why he is grouped with the Beats lies in his most famous novel, *Cain's Book*<sup>255</sup>, whose semi-autobiographic narration and the subject-matter of life among addicts in New York misled some to this 'classification'. While his style is reminiscent of some of Burroughs' later novels, with philosophising streams of consciousness and playing with language, and he did meet Burroughs and Ginsberg on several occasions, he was not a member of their closely knit group. He nonetheless didn't escape their attention. *Cain's Book* was called "a classic of addiction, like De Quincey"<sup>256</sup> by Burroughs, who also lauded Trocchi as "A pivotal writer in that he was one of the early writers on addiction, which became an increasingly important, pivotal subject"<sup>257</sup>.

The narrator of *Cain's Book* is a writer born and raised in Glasgow called Joe Necchi, a down and out heroin addict living on a scow near New York. To make the relationship between (autobiographical) fact and fiction, or rather the distinction between the two, more complex, Necchi is writing a novel called *Cain's Book*: "It's a textbook for dope fiends and other moles."<sup>258</sup> The narration alternates between recounting what happens to Necchi in the here-and-now of the novel — his conversations with friends and acquaintances — and his musings and memories of the past, occasionally with interspersed quotes from his work-in-progress and other notes. Like the narrator of *Junky*, Necchi is an unredeemed user of heroin, speaking out against the discursive configurations at work in the US and elsewhere, exposing junky stereotypes, especially when employed by users themselves. One major difference between the two is that Necchi renounces medical models of addiction and need, demanding a different approach towards drug use and users.

For Necchi, the main attraction of using heroin is not the rush, the "tinily murmured orgasm in the bloodstream, in the central nervous system"<sup>259</sup>, but a certain feeling of security:

The mind under heroin evades perception as it does ordinarily; one is aware only of contents. But that whole way of posing the question, of dividing the mind from what it's aware of, is fruitless. Nor is it that the objects of perception are intrusive in an electric way as they are under mescaline or

<sup>255</sup> Alexander Trocchi, *Cain's Book*, (London: Calder Publications, 1992; (originally published: London: John Calder (publishers) Ltd., 1963)).

<sup>256</sup> Burroughs interview in Allan Campbell, Tim Niel, eds., *A Life in Pieces: Reflections on Alexander Trocchi*, (Edinburgh: Rebel Inc., 1997), p. 163

<sup>257</sup> Allan Campbell, Tim Niel, eds., *A Life in Pieces*, p. 161

<sup>258</sup> *Cain's Book*, p. 32.

<sup>259</sup> *Cain's Book*, p. 34.



lysergic acid, nor that things strike one with more intensity or in a more enchanted or detailed way as I have sometimes experienced under marijuana; it is that the perceiving turns inward, the eyelids droop, the blood is aware of itself, a slow phosphorescence in all the fabric of flesh and nerve and bone; it is that the organism has a sense of being intact and unbrittle, and, above all, *inviolable*. For the attitude born of this sense of inviolability some Americans have used the word “cool”.<sup>260</sup>

The feeling of inviolability produced by heroin enables Necchi to shift his subjective perspective: “To move is not difficult. The problem is; from what posture? This question of posture, of original attitude: to get at its structure one must temporarily get outside of it. Drugs provide an alternative attitude.”<sup>261</sup> Yet he uses heroin not only as a tool to alter perception in order to obtain philosophical insights, but also like the average American would use tranquillisers or anti-depressants:

I don’t pretend for a moment that my sole interest in drugs is to study their effects... To be familiar with this experience, to be able to attain, by whatever means, the serenity of a vantage point “beyond” death, to have such a critical technique at one’s disposal—let me say simply that on my ability to attain that vantage point my own sanity has from time to time depended<sup>262</sup>

To Necchi, heroin is not a cheap way out, a means of blotting out unpleasant thoughts or experiences, but a change in perspective that allows him to reappraise them.

— *What the hell am I doing here?*

At certain moments I find myself looking on my whole life as leading up to the present moment, the present being all I have to affirm. It’s somehow undignified to speak of the past or to think about the future. I don’t seriously occupy myself with the question in the “here-and-now,” lying on my bunk and, under the influence of heroin, inviolable. That is one of the virtues of the drug, that it empties such questions of all anguish, transports them to another region, a painless theoretical region, a play region, surprising, fertile, and unmoral. One is no longer grotesquely involved in the becoming. One simply is.<sup>263</sup>

With this special relationship to his use of drugs, Necchi is often critical of the junky stereotypes. He dismisses the common idea that drug use is a cause of prostitution. “In itself heroin doesn’t lead to prostitution. But for many women it does make tolerable the nightly outrage inflicted on them by what are for the most part spiritually thwarted men.”<sup>264</sup> Through this reversal of perspective he encourages a re-thinking of cause and

---

<sup>260</sup> *Cain’s Book*, p. 10-1.

<sup>261</sup> *Cain’s Book*, p. 236.

<sup>262</sup> *Cain’s Book*, p. 40-1.

<sup>263</sup> *Cain’s Book*, p. 11.

<sup>264</sup> *Cain’s Book*, p. 157.

effect. Likewise, he points out that the junky does not *have* to steal or engage in other illegal activities (apart from the illegal act of purchasing the drug itself) to support the habit, but that it can be a matter of choice.

We could have boosted [i.e. stolen]. Most junkies we knew did that eventually. They had to keep up their habit. But at the point at which one decides to make it as a booster one has already faced up to the probability of spending a large part of one's life in an iron cage. No doubt a man can adapt, even to periodic incarcerations. And the world will certainly look doubly beautiful each time one returns to the street. But for myself I couldn't have chosen that life any more than I could have chosen to live out most of my existence in Greenland. [...]

As for pushing the stuff, we never seriously considered that. To do it properly you have to make it your profession, and as a profession, with the vague, arbitrary, and ambiguous alliances along the boring way, it stinks.<sup>265</sup>

He not only rejects stereotypes and tries to bring drug use into some kind of perspective that differs from the dominant discourse, but he also points out to other drug using characters in the novel that they play an important part in the perception of the addict by complying with the stereotypes. In the following quote, Necchi criticises a fellow junkie, Tom, for his routine of insisting that he is the first to take heroin when they happen to take it together.

I have asked him why the ritual is so important to him. His answer is the usual one. "You never know when the man will bust in. If they come, I want to have the shit in me." But that's not good enough. It's not always necessary to be a mouse, even if you're a junkie in New York. This kind of promiscuous creation of tension in a situation which is God knows far too intense already makes me very angry.

Unless I am in physical pain it is immaterial to me who goes first. Tom pretends it isn't that way for him. He's lying. The urgency doesn't exist. To pretend that it does is to prostrate oneself hysterically before a malicious fiction. It is quite unlike the hysteria experienced by all of us in the day to day danger of our situation [...]. It is a submission to the very ignorance that has led to the branding of the junkie as a social menace.<sup>266</sup>

Necchi negates the notion that heroin has some obscure properties that force the user to continue using it.

For example, he still talks about kicking, and at the same time he denies that he is hooked, and yet he has agreed with me again and again that if you simply put heroin down you are avoiding the issue. It isn't the horse, for all the melodramatic talk about withdrawal symptoms. It is the pale rider.<sup>267</sup>

---

<sup>265</sup> *Cain's Book*, p. 159.

<sup>266</sup> *Cain's Book*, p. 74-5.

<sup>267</sup> *Cain's Book*, p. 76.

He tries to empower the user, to encourage him to shift his self-perception from the object controlled by heroin that is the mainstay of the dominant discourse on drugs, to that of an empowered subject who embraces his use as something positive. Drug use is not attributed to addiction nor is it represented as an activity that should be seen as criminal. It is represented as a behaviour that an individual chooses.

A man doesn't kick, Tom. When he thinks in terms of kicking he's hooked. There are degrees of addiction, and the physical part has nothing to do with it. The physical bit comes soon and I suppose that then technically you're hooked. But with the right drugs you can kick that in a few days. The degrees of addiction that matter are psychological, like intellectually how long have you been a vegetable? Are you riding the horse or what? [...] It's not the shit that's got you hooked. You shelve the problem when you think in those terms. [...] There are doctors, painters, lawyers on dope, and they can still function. [...] You've got to get up off your ass and stop believing their propaganda, Tom. It's too much when the junkies themselves believe it. They tell you it's the shit and most of the ignorant bastards believe it themselves. It's a nice tangible cause for juvenile delinquency. And it lets most people out because they're alcoholics. There's an available pool of wasted-looking bastards to stand trial as the corrupters of their children. It provides the police with something to do, and as junkies and potheads are relatively easy to apprehend because they have to take so many chances to get hold of their drugs, a heroic police can make spectacular arrests, lawyers can do a brisk business, judges can make speeches, the big pedlars can make a fortune, the tabloids can sell millions of copies. John Citizen can sit back feeling exonerated and watch evil get its deserts. That's the junk scene, man. Everyone gets something out of it except the junkie. If he's lucky he can creep round the corner and get a fix. But it wasn't the junk that made him creep. You've got to sing that from the rooftops.<sup>268</sup>

In this analysis of the situation in which the junkie finds himself, Necchi touches upon several issues that point out the misrepresentations that the dominant media discourse inflicts upon the opiate user. He clearly distances himself from the incorrect idea that all negative effects of drug use stem from the drug itself. Drug use does not necessarily impair the functioning of the individual, as the many drug using professionals indicate. Drugs can be instrumentalised as a cause for crime, diverting attention from the other well known issues that contribute to inner-city crime. It is much easier to present a few arrests or seizures of drugs and claim that something is being done to improve the situation, rather than attempting to tackle the real problems (e.g. poverty, unemployment, inadequate education, crowded living conditions) and having to wait several years for statistics to show the effects, years in which administrations might have changed so that someone else might get the praise. And it should not be neglected that not only the illegal 'industry' profits from drug use, but also many law-abiding citizens: drug finds can

---

<sup>268</sup> *Cain's Book*, p. 76-7.

mean promotion for a policeman, harsh sentences prestige for a judge, every court case money for the lawyer, and fear-creating and scapegoating journalism sells more copies than honest investigation.

It's not only a question of kicks. The ritual itself, the powder in the spoon, the little ball of cotton, the matches applied, the bubbling liquid drawn up through the cotton filter into the eye-dropper, the tie round the arm to make a vein stand out, the fix often slow because a man will stand there with the needle in the vein and allow the level in the eye-dropper to waver up and down, up and down, until there is more blood than heroin in the dropper—all this is not for nothing; it is born of a respect for the whole chemistry of alienation.<sup>269</sup>

It seems that for Necchi, using heroin is a symbol of alienation: an appropriation of knowledge that is prohibited, a rejection of conventional morals that acts as a further incentive for his use, in addition to the diminishing euphoria that the regular user may feel and the feeling of inviolability that he values. Necchi seeks the role of the outsider, offering him perspectives that are hard to attain as someone living inside and embracing society. Being an outsider in America strengthens his sense of identity.

I remember thinking that only in America could such hysteria be. [...] I thought that there were werewolves everywhere in the wake of the last great war, that in America they were referred to as delinquents, a pasteurized symbol, obscuring terrible profundities of the human soul. And I thought: Now I know what it is to be a European and far from my native soil.<sup>270</sup>

His awareness of identity comes at a price since it is based on a sense of being different and not a part of the culture which surrounds him. He embraces this being different and seeks a retreat in his choice of living on a scow, removed from others' expectations of compliance with societal norms. "It's a fact that in the America I found nothing was ever in abeyance. Things moved or they were subversive. I suppose it was to escape this without going away, to retreat into abeyance, that I soon came to be on a river scow. (Alternatives: prison, madhouse, morgue.)"<sup>271</sup> It is interesting to note that Necchi compares his scow to the classic places of exclusion and detainment, where 'badness' and 'madness' (i.e. deviation from moral and/or behavioural norms) are being isolated from the mainstream of society. This implies that he sees his own behaviour, lifestyle and opinions as fundamentally different to those of the surrounding society, so different that the alternative to an 'internal exile' on the scow would be a forced exclusion. This is due partly, but

---

<sup>269</sup> *Cain's Book*, p. 33.

<sup>270</sup> *Cain's Book*, p. 236-7.

<sup>271</sup> *Cain's Book*, p. 13.

not exclusively, to his ‘unredeemed’ use of heroin. “There is no more systematic nihilism than that of the junkie in America.”<sup>272</sup>

The perception of the opiate addict as a criminal undermines his voice. Apart from being de-individualised by the public’s belief that the addict is controlled by the drug in all of his actions, the illegality of his drug use, especially in the climate of fear and hysteria predominant in the US during the mid-twentieth century, prevents the addict from speaking out since this would immediately make him the target of law enforcement agencies.

Junkies in New York are often desperate. To be a junkie is to live in a mad-house. Laws, police forces, armies, mobs of indignant citizenry crying mad dog. We are perhaps the weakest minority which ever existed; forced into poverty, filth, squalor, without even the protection of a legitimate ghetto. There was never a wandering Jew who wandered farther than a junkie, without hope. Always moving. Eventually one must go where the junk is and one is never certain where the junk is, never sure that where the junk is is not the anteroom of the penitentiary. A Jew can stand up and say: “Yes, I am a Jew and these are my persecutors.” There is always a possibility of effective resistance because there were always some gentiles who were not profoundly shocked when a Jew said: “It is not necessarily bad to be a Jew.” Such tardy hope as is held out to junkies is that one day they will be regarded not as criminals but as “sick.” When the A.M.A. wins the peonage will be less harsh, but the junkie, like the peon, will still have to buy at the commissary.<sup>273</sup>

This quote also shows Necchi’s critical attitude towards a medical model of addiction. He believes that an appropriation of the addict by the medical profession would do nothing to help addicts, but instead it would simply mean the possibility for others to profit—the medical industry instead of the law enforcement industry:

“Whose business is it? What are you going to do? Leave it to the experts? Tomorrow, the Age of the Doctors! They’re already challenging the tax men and the F.B.I. for a profitable monopoly. Let’s put it on prescription, eh? confine it to the laboratories for more tests. They’re always talking about a lack of scientific evidence, about its being unsafe to make it public! They’re scared the public will find out it ain’t that fucking horse after all!”<sup>274</sup>

Once again the narrator criticises the dominant discourses for transferring the blame for the behaviour of the user on opiates instead of accepting the user as a subject who chooses his actions. Necchi also exposes the ‘moral’ basis of prohibition.

I say it is impertinent, insolent, and presumptuous of any person or group of persons to impose their unexamined moral prohibitions upon me, that it is

---

<sup>272</sup>*Cain’s Book*, p. 36.

<sup>273</sup>*Cain’s Book*, p. 73.

<sup>274</sup>*Cain’s Book*, p. 18-9.

dangerous both to me and, although they are unaware of it, to the imposers, that in every instance in which such a prohibition becomes crystallized in law an alarming precedent is created. History is studded with examples, the sweet leper stifled by the moral prejudice of his age. Vigilance. Dispute legal precedent.<sup>275</sup>

The laws can, in Necchi's opinion, pose the greatest threat to the user: "These crude laws and the social hysteria of which they are a symptom have from day to day placed me at the edge of the gallows' leap. *I demand that these laws be changed.*"<sup>276</sup> In contrast to many other writers on drugs, Trocchi has got some constructive ideas about what could be done to break through the vicious circle created by the dominant discourses on drugs.

We cannot afford to leave the potential power of drugs in the hands of a few governmental "experts," whatever they call themselves. Critical knowledge we must vigilantly keep in the public domain. A cursory glance at history should caution us thus. I would recommend on grounds of public safety that heroin (and all other known drugs) be placed with lucid literature pertaining to its use and abuse on the counters of all chemists (to think that a man should be allowed a gun and not a drug!) and sold openly to anyone over twenty-one. This is the *only* safe method of controlling the use of drugs. At the moment we are encouraging ignorance, legislating to keep crime in existence, and preparing the way for one of the most heinous usurpations of power of all times . . . all over the world. . .<sup>277</sup>

He advocates the availability of both the drugs themselves and knowledge about them. What might seem at a first glance as a *laissez faire*, is in fact a way of controlling drug use. By bringing it out into the open, the pleasure of evading detection is removed and thus an important aspect of the attractiveness of drug use to adolescent users, who very frequently try to affirm their own identity by transgressing the prohibitions of their elders. In the climate of hysteria that accompanied drug use in the mid-twentieth century, what better way to provoke parents and to defy their morals than dabbling with drugs? It is true, that an age limit as suggested by Necchi would not completely void drugs of the attraction for adolescents of doing something prohibited, but a rational approach of disseminating information about both *use* and *abuse* of drugs would rob them of the attraction of being some kind of mysterious or occult knowledge. Further advantageous effects of Necchi's suggestions are that money would be channelled into the *legal* economy, and, above all, a control over the quality of the drugs which is an unknown due to the illegal status of drugs, causing many unnecessary risks to the user:

It occurred to me often that to be a user in New York was to lay oneself open to a whole system of threats, not only legal; for my mind always came

---

<sup>275</sup> *Cain's Book*, p. 40.

<sup>276</sup> *Cain's Book*, p. 41.

<sup>277</sup> *Cain's Book*, p. 41-2.

back as I looked down at the little heap of whitish powder to wonder what an analyst would find there. The horse is cut with all manner of adulterous powders, until, at the average user's end, there remains 3% heroin. You can usually count on 3%. But there are times when codeine or even a barbiturate is substituted for the real thing ... so long as they stun you, they calculate. And so you look to cop again, at once, and so it goes on. To administer an overdose a pusher has only substantially to raise the percentage of heroin in what he gives you.<sup>278</sup>

Many of the deaths that are reported annually as caused by drug overdoses (and subsequently frequently presented as a proof to the dangerousness of drugs) are due to this uncertainty, accidental overdoses caused by drugs being uncontrolled. The reported cases of addicted opiate users living to an old age, if they have the opportunity to maintain their addiction, without impairing their general health, testify that most detrimental effects of drug use are caused by the illegality, as did Trocchi's own life. After fleeing from the US because of a charge of supplying drugs to a minor, Trocchi returned to Britain and got his heroin (and methadone for the night) on prescription and went on using until his death of lobar pneumonia in 1984, making a meagre living as a writer and antiquarian bookseller. His using did not impede his everyday life, as his last partner, Sally Child, told in an interview:

Daily life with Alex? Well it started with him leaping into his Mini and dashing off to the chemist to pick up his prescription [...]. ...and then he would have a fix, basically, and then he would get on with his life which was either going down to the bookstall, sorting things out, or going to the pub, or going to buy books or whatever.

He took a lot of heroin. He took five times as much as normal people would need and he had special methadone made up to get him through the night. He couldn't even last a night without methadone. But it was a bit like living with a diabetic, I mean it didn't really affect him other than, you know, he needed to take it regularly.<sup>279</sup>

In the same interview, Sally Child makes a statement about Trocchi, which could also be applied to the narrator of *Cain's Book*: "He was curious. He wanted to experience everything. I mean drugs, whatever, anything. He didn't see any limits."<sup>280</sup> The deliberate transgression of conventional limits of experience is manifested not only in Necchi's use of drugs, but also in his sexuality. The narrator tells of sexual experiences that are likely to be disapproved of by most contemporary readers: sex with a one-legged woman, erotic fascination with an aunt when he was a teenager, and homosexual experiences<sup>281</sup>. Necchi

---

<sup>278</sup> *Cain's Book*, p. 216.

<sup>279</sup> Sally Child interview, in Allan Campbell, Tim Niel, eds. *A Life in Pieces*, p. 226

<sup>280</sup> Sally Child interview, in Allan Campbell, Tim Niel, eds. *A Life in Pieces*, p. 226

<sup>281</sup> Cf. *Cain's Book*, p. 65-6.

does not see sexuality as an either/or between hetero-/homosexuality, but as something to explore: “I was fundamentally very calm and still profoundly satisfied, physically with the mute certainty of my body, intellectually because I had broken through another limit and found that I could love a man with the same sure passion that moved me to women generally.”<sup>282</sup>

*Cain's Book* is an exceptional contribution to the twentieth-century literary discourse on drugs. It is one of the few books that do not make use of the addiction attribution or represent opiate use as a morally condemnable action. For the novel's narrator, the use of heroin is based on choice, but this choice is denied him in the 'Land of the Free.' The United States, as a country that for a long time had welcomed persecuted minorities from other, more repressive countries, have, as the novel shows, not prevented individuals from profiting from the transformation of the addict into a persecuted minority. In a way, the novel exposes that the Other of dissident consciousness is not all that different from the proximate of dissident spiritualities that were integrated into American society. This transgressive reinscription, however, is not used in the novel to subvert the normal/deviant binary. Instead, the narrator embraces his being different as something positive.

---

<sup>282</sup> *Cain's Book*, p. 66.



## 3.6 Changing Paradigms?

### 3.6.1 Irvine Welsh: *Trainspotting* (1993)

When Irvine Welsh's *Trainspotting* was first published in book form<sup>283</sup> in 1993, it was hailed as a frank insight into the world of drug addiction. While the novel is successful in portraying the lives of several Edinburgh low-life characters, particularly due to Welsh's transcription of the Edinburgh lower-class slang, there is very little that the novel adds to the literary discourse on drugs. It more often than not remains within the boundaries of the dominant discourses, presenting descriptions of users and the effects of drugs that most readers (due to the lack of first-hand experience with either of the two) are likely to accept as truthful representations. The heroin using characters and narrators frequently make use of stereotypical self-representations and addict identities. Even the titles of the chapters ('Kicking', 'Relapsing', 'Kicking Again', 'Blowing It', 'Exile', 'Home' and 'Exit') suggest a sequence of failed attempts to return to 'normality' from an addict lifestyle, followed by an 'Exit' in which a character severs the links with his friends and hometown in order to escape the recurring patterns of his use, but simultaneously questions the likelihood of succeeding: "But was he a junky? True, he had just used again, but the gaps between his using were growing. However, he couldn't really answer this question now. Only time could do that."<sup>284</sup>

The novel is remarkable as a document that shows how little has actually changed in the dominant perception of and attitudes towards drugs since the mid-twentieth century. The rare occasions when Welsh is critical of the dominant discourses on drugs are easily overlooked due to the novel's frequent use of accepted stereotypes. When the novel was adapted for film, and thus exposed to a by far greater audience, nearly all elements that are in discord with the dominant discourses were carefully edited out. Writing about the film version, Driscoll writes that

it is comfortably antidrug. While *Trainspotting* was praised for giving us a realistic portrait of drug addiction by "telling it how it is" and pulling no punches in order to give us the "hard truth" about drugs, it slavishly rehearses the major elements of twentieth-century representations of drugs.<sup>285</sup>

One of the strong points of the novel lies in its descriptions of the attempts of Renton, one of the heroin using characters, to explain why he is using, and the attempts that others make to search for reasons and causes for his use. It is important to distinguish between a character's *motivations* for taking a dose of heroin, and the *reasons* for his habitual use

<sup>283</sup>Some of the stories that comprise the novel had been previously published in magazines.

<sup>284</sup>Irvine Welsh, *Trainspotting*, (London: Minerva, 1996), p. 343.

<sup>285</sup>Driscoll, *Reconsidering Drugs*, p. 25.

and the embracing of an addict identity. As I will show, the motivations presented in the novel are the two which are prominent in the dominant discourses on drugs: pleasure and need. Until the mid-twentieth century the dominant discourses only occasionally occupied themselves with trying to determine reasons for continued use, believing that the use created an insatiable need that invariably led to addiction. This belief was based on a disease model of addiction which applied a simple schema of cause and effect, frequently found in medicine, to addiction: a body is exposed to a disease-causing agent, resulting in the sickness running its course unless a medical practitioner is able to intervene and cure the patient. From the mid-twentieth century onwards, parts of the dominant discourses began to acknowledge that not all individuals who tried out opiates would continue using them and become addicted<sup>286</sup>. This triggered searches for other *causes* of drug use and addiction. The results of these searches were highly dependent on the professional backgrounds of the researchers: psychologists, neurologists and social scientists frequently came to different conclusions.

One aspect of the addict identity which has been frequently used in literature since the mid-twentieth century, and yet is often ignored as a possible reason for continuing drug use, is the ordering function of a lifestyle based on addiction. *Trainspotting*, like *The Man with the Golden Arm*, makes use of the notion of opiates ‘simplifying’ life, with the drug as an organising factor in the users’ lives. During a period of heroin abstinence, Renton hails this effect of heroin in a conversation with Spud. “Whin yir oan junk, aw ye worry about is scorin. Oaf the gear, ye worry about loads ay things. [...] Ye worry about bills, food, bailiffs, these Jambo Nazi scum beatin us, aw the things that ye couldnae gie a fuck about whin yuv goat a real junk habit. Yuv just goat one thing tae worry about. The simplicity ay it aw.”<sup>287</sup> Spud, shocked at this, gives a venomous reply to this statement:

— Yeah, but it’s a fuckin miserable life, likesay, man. It’s nae life at aw, ken? Likesay whin yir sick man ... that is the fuckin lowest ay the low ... the grindin bones ... the poison man, the pure poison ... Dinnae tell us ye want aw that again, cause that’s likesay, fuckin bullshit.<sup>288</sup>

Renton concedes the idiocy of using heroin as an evasion strategy to avoid getting his life sorted out. His attempt at justifying a heroin lifestyle fail and are exposed as an artificial construction. The only convincing reasons for heroin use that Welsh lets his characters state are stereotypical: the supposedly immense pleasure that heroin gives the user, and the avoiding of painful withdrawal symptoms.

<sup>286</sup>This realisation was at least partly due to the representations in literature of users quitting drug use without medical intervention.

<sup>287</sup>*Trainspotting*, p. 133.

<sup>288</sup>*Trainspotting*, p. 133.

*Trainspotting* frequently emphasises the pleasure that a shot of heroin gives the user, even long term users. This is at odds with much of the literary discourse on drugs by opiate using authors. Burroughs, Crowley and Lee all declare that the positive effects of opiates dwindle after a while, and that in the long run the only positive effect of a dose that is left is the absence or cessation of withdrawal symptoms. Welsh's junkies, however, still experience a rush that is usually compared to orgasm:

She pulls back her heid, shuts her eyes and opens her mooth, givin oot an orgasmic groan. [...]

— That beats any fucking meat injection ... that beats any fuckin cock in the world ... Ali gasps, completely serious.<sup>289</sup>

The comparison is even quantified in the following quote:

Ah went tae take a shot. [...] When it came, ah savoured the hit. Ali wis right. Take yir best orgasm, multiply the feeling by twenty, and you're still fuckin miles off the pace. Ma dry, cracking bones are soothed and liquefied by ma beautiful heroine's tender caresses. The earth moved, and it's still moving.<sup>290</sup>

In the film based on the novel, first screened in 1995, the factor is increased even more: "Take your best orgasm, multiply it by a thousand and you're still nowhere near it."<sup>291</sup> These comparisons are geared at emphasising the fascination / revulsion ambivalence with which drugs are routinely presented in the discourse on drugs: the fascination with the supposedly immense pleasures given by heroin, and the revulsion caused by the squalor and misery that are frequent elements of representations of heroin addicts (commonly, but erroneously, believed to be an effect of the drug itself), and the pains of withdrawal. However, pleasure is only rarely presented as the primary motivation for the characters' use in the novel. More often, the characters take heroin because of a perceived need or compulsion (i.e. the avoidance of withdrawal symptoms):

*daein what ah huv tae dae.*<sup>292</sup>

*Ma pain centres say that it's yon time already.*<sup>293</sup>

They mean well, and they mean well tae me, but there's nae way under the sun that they can appreciate what ah feel, what ah need.<sup>294</sup>

Renton's slide into the misery of withdrawal continues apace. He knows he has to act.<sup>295</sup>

---

<sup>289</sup>*Trainspotting*, p. 9.

<sup>290</sup>*Trainspotting*, p. 11.

<sup>291</sup>John Hodge, *Trainspotting & Shallow Grave*, (London: Faber and Faber, 1996), p. 5.

<sup>292</sup>*Trainspotting*, p. 14.

<sup>293</sup>*Trainspotting*, p. 57.

<sup>294</sup>*Trainspotting*, p. 190.

<sup>295</sup>*Trainspotting*, p. 332.

Welsh does not attempt to explain the need by any theories of the action of opiates as Burroughs did. This is due to the results of medical research on the effects of opiates on the perception of pain and the production of endorphines that has been carried out since the 1960s, which have replaced the previous speculations.

Most of the explanations of why the characters choose to continue using or start using heroin again after a withdrawal, pivot around the characters' disillusionment with their lives, their discontent with society and the societal norms of achievement. Most of the statements about the reasons and effects are made by Renton. In the story called 'Cock Problems', narrated by Renton, he is asked by a non-using friend, Tommy, about the effects of his heroin use. At first, Renton is reluctant to answer, but then changes his opinion because "mates [...] deserve at least an attempt at an explanation if the counsellors/thought polis get one."<sup>296</sup> At the same time, he labels his answer a "spiel", designating that it is not *the* answer, but just an exercise in explaining.

It kinday makes things seem mair real tae us. [...] Basically, we live a short, disappointing life; and then we die. We fill up oor lives wi shite, things like careers and relationships tae delude oorsels that it isnae aw totally pointless. Smack's an honest drug, because it strips away these delusions. Wi smack, whin ye feel good, ye feel immortal. Whin ye feel bad, it intensifies the shite that's already thair. It's the only really honest drug. It doesnae alter yir consciousness. It just gies ye a hit and a sense ay well-being. Eftir that, ye see the misery ay the world as it is, and ye cannae anaesthetise yirsel against it.<sup>297</sup>

His answer uses a kind of type iii. reverse discourse that tries to reverse the dominant and the subordinate locations by presenting the 'normal' world as mad and the striving for ordinary goals as futile while the use of heroin is represented as an alternative. However, this answer is denounced by Tommy as "shite", and Renton's narrated thoughts agree with this dismissal.

He's probably right n aw. If he asked us the question last week, ah'd huv probably said something completely different. If he asks us the morn, it wid be something else again. At this point in time though, Ah'll hing wi the concept that junk'll dae the business whin everything else seems boring and irrelevant.

Ma problem is, whenever ah sense the possibility, or realise the actuality ay attaining something that ah thought ah wanted, be it girlfriend, flat, job, education, money and so on, it jist seems so dull n sterile, that ah cannae value it any mair. Junk's different though. Ye cannae turn yir back oan it sae easy. It willnae let ye. Trying tae manage a junk problem is the ultimate challenge. It's also a fuckin good kick.<sup>298</sup>

---

<sup>296</sup>*Trainspotting*, p. 89.

<sup>297</sup>*Trainspotting*, p. 89-90.

<sup>298</sup>*Trainspotting*, p. 90.

The user's difficulty to explain his use becomes apparent. This difficulty is not necessarily lessened by the explanations offered by professional counselling. In the story 'Searching for the Inner Man', several attempts at constructing a cause for Renton's heroin use are represented. Due to a suspended sentence he is forced to undergo counselling by a psychiatrist, Dr Forbes, and a drugs agency counsellor, Tom Curzon, who come to different conclusions as to the causes. The effects of the counselling by the Freudian Dr Forbes are described as follows:

Ah did learn a few things though, based oan Forbes's disclosures and ma ain researches into psychoanalysis and how ma behaviour should be interpreted. [...] Ah have oedipal feelings towards ma mother and an attendant unresolved jealousy towards ma faither. Ma junk behaviour is anal in concept, attention-seeking, yes, but instead of withholding the faeces tae rebel against parental authority, ah'm pittin smack intae ma body tae claim power over it vis-à-vis society in general. Radge, eh?<sup>299</sup>

This interpretation of Renton's behaviour is stereotypically Freudian. An unresolved oedipal parent-child conflict is blamed as the cause for the use of heroin. While this conflict may exist, it is hardly convincing as a cause for the use. Similarly, the results of Curzon's counselling are a blinkered view on addiction.

Ah despised masel and the world because ah failed tae face up tae ma ain, and life's, limitations.

The acceptance ay self-defeating limitations seemed then tae constitute mental health, or non-deviant behaviour.

Success and failure simply mean the satisfaction and frustration ay desire. Desire can either be predominantly intrinsic, based oan oor individual drives, or extrinsic, primarily stimulated by advertising, or societal role models as presented through the media and popular culture. Tom feels that ma concept ay success and failure only operates on an individual rather than an individual and societal level. Due tae this failure tae recognise societal reward, success (and failure) can only ever be fleeting experiences for me, as that experience cannae be sustained by the socially-supported condoning of wealth, power, status, etc., nor, in the case ay failure, by stigma or reproach. [...]

So it goes back tae ma alienation from society. The problem is that Tom refuses tae accept ma view that society cannae be changed tae make it significantly better, or that ah cannae change tae accommodate it. Such a state ay affairs induces depression on ma part, aw the anger gets turned in. That's what depression is, they say. However, depression also results in demotivation. A void grows within ye. Junk fills the void, and also helps us tae satisfy ma need tae destroy masel, the anger turned in bit again.<sup>300</sup>

Alienation from society is another one of the many stereotypical causal attributions of drug use. While plausible in itself, this explanation fails to answer the question *why* drug

<sup>299</sup>*Trainspotting*, p. 184-5.

<sup>300</sup>*Trainspotting*, p. 185-6.

use is the chosen way to fill “the void” while there are many other possibilities to occupy oneself that do not rely on any societal reward or recognition. A possible explanation for this *why* is offered by a friend of Renton.

Hazel said tae us, jist before she telt us that she didnae wantae see us again, whin ah started using for the umpteenth time: — You just want tae fuck up on drugs so that everyone’ll think how deep and fucking complex you are. It’s pathetic, and fucking boring.

In a sense ah prefer Hazel’s view. Thir is an element ay ego in it. [...] Why should ah reject the world, see masel as better than it? Because ah do, that’s why. Because ah fuckin am, and that’s that.

The upshot ay this attitude is that ah was sent tae this therapy/counselling shite. Ah didnae want aw this. It wis this or the jail. [...] This shite muddies the waters for us; confuses rather than clarifies issues. Basically, aw ah ask is that cunts mind their ain business and ah’ll dae the same.<sup>301</sup>

In this quote, drug use is the means of constructing an identity, one which is *seen* by society as rebellious and self destructive. According to this explanation, repeated drug use can be seen as attention-seeking behaviour, the appropriation of a stereotypical addict identity that evokes reactions and attention by others.

*Trainspotting* sheds some light onto the aspect of power and control in connection with opiate use and junkie stereotypes. The classic relationship of powerful dealer / powerless junkie is exemplified in a passage when Renton has to buy from a different dealer than he usually does. “Ah am but a pawn in a game called ‘The Marketing Of Michael Forrester As A Hard Man’. To all those who know him, it’s a game based on ridiculously flawed concepts.”<sup>302</sup> However, this power relationship ceases to exist once the sale has been completed<sup>303</sup>. The power is non-permanent, it shifts to whoever is in possession of heroin that others want. This power is attractive for people who otherwise hold very little power over anyone else and are often confronted with external powers (the absence of heroin, the police) that endanger their self-determination. Renton falls prey to the fascination of this power while being aware of its corruptive powers<sup>304</sup>. It is a kind of power game with changing roles, the individual user alternating between holding the power and being subjected to it.

Another aspect of the drug user’s life which is influenced by power relations are (forced) counselling and the attempts by well meaning counselling staff to empower the user to quit using by analysing the user’s behaviour and reasons for using. This kind of power relation, however, is criticised by Renton.

---

<sup>301</sup>*Trainspotting*, p. 186-7.

<sup>302</sup>*Trainspotting*, p. 20-1.

<sup>303</sup>Cf. *Trainspotting*, p. 23.

<sup>304</sup>Cf. *Trainspotting*, p. 55-6.

Why is it that because ye use hard drugs every cunt feels that they have a right tae dissect and analyse ye?

Once ye accept that they huv that right, ye'll join them in the search fir this holy grail, this thing that makes ye tick. [...] Then yir theirs, no yir ain; the dependency shifts from the drug to them.<sup>305</sup>

The problem that Renton spells out is that this kind of empowerment of the user is aimed solely at the user deciding not to continue using, and not at giving him any actual choice.

Society invents a spurious convoluted logic tae absorb and change people whae's behaviour is outside its mainstream. Suppose that ah ken aw the pros and cons, know that ah'm gaunnae huv a short life, am ay sound mind etcetera, etcetera, but still want tae use smack? They won't let ye dae it. They won't let ye dae it, because it's seen as a sign ay thir ain failure. The fact that ye jist simply choose tae reject whit they huv tae offer. Choose us. Choose life. Choose mortgage payments; choose washing machines; choose cars; choose sitting oan a couch watching mind-numbing and spirit-crushing game shows, stuffing fuckin junk food intae yir mooth. Choose rotting away, pishing and shiteing yersel in a home, a total fuckin embarrassment tae the selfish, fucked-up brats ye've produced. Choose life.

Well, ah choose no tae choose life. If the cunts cannae handle that, it's thair fuckin problem.<sup>306</sup>

This realisation that there is no real choice, but simply a demand to comply with expectations, a power that tries to control the user, can be seen as a cause for the user to play with this power, undermining the whole process of counselling. "Sometimes ah telt the truth, sometimes ah lied. When ah lied, ah sometimes said the things that ah thought he'd like tae hear, n sometimes said something which ah thought would wind him up, or confuse him."<sup>307</sup> This quote also underlines the idea of the unreliability of statements pertaining to drug use as pointed out by John Booth Davies in *The Myth of Addiction*<sup>308</sup>. Statements by addicts in a counselling or interview situation are usually directed at a certain goal. If the user wants to enter a programme of methadone maintenance or obtain other medical assistance, he is likely to exaggerate the amount of his use and his withdrawal symptoms, if the user fears negative consequences he is likely to play down the amount and frequency of use. Thus the statements can never be taken at face value, one rather has to infer the motivations for possible attributional biases in the statements made. However, Welsh seems to be more interested in perpetuating the stereotype of the 'lying junkie' than to examine its origins and causes: "The problem was that he had developed the junky's skill of lying with conviction and could now lie more convincingly than he told the truth."<sup>309</sup>

---

<sup>305</sup> *Trainspotting*, p. 187.

<sup>306</sup> *Trainspotting*, p. 187-8.

<sup>307</sup> *Trainspotting*, p. 184.

<sup>308</sup> Cf. Davies, *The Myth of Addiction*, p. 85-9

<sup>309</sup> *Trainspotting*, p. 144.

In a job interview he is forced to go to, Renton uses his addiction history as a means to avoid getting the job. He can count on the prejudices surrounding heroin use to convince the interviewers that he is 'unsuitable' for the job. When asked about his periods of unemployment he explains them by stating that he has "had a long-standing problem with heroin addiction."<sup>310</sup> Since Renton does not want the job he was made to apply for, a truthful reference to his history of heroin use makes him appear unsuited for the job. He does not make any statements about whether he currently is a heroin user, thereby avoiding the sanctions possible if he is reported to the jobcentre as an addict.

The heroin using characters of the novel are shown to occasionally undergo a voluntary withdrawal, as the titles of two of the chapters suggest. The story called 'The First Day of the Edinburgh Festival' describes the preparations taken by Renton for an attempt to undergo withdrawal. "It wis like Sick Boy telt us: you've got tae know what it's like tae try tae come off it before ye can actually dae it. You can only learn through failure, and what ye learn is the importance ay preparation."<sup>311</sup> In preparation he has rented a flat for a month to isolate himself from his using friends and procured medicines to ease the pains of withdrawal as well as easily digestible food. However, the actual withdrawal is not described in this story, only the onset of withdrawal symptoms.

The great decline is setting in. It starts as it generally does, with a slight nausea in the pit ay ma stomach and an irrational panic attack. As soon as ah become aware ay the sickness gripping me, it effortlessly moves from the uncomfortable tae the unbearable. A toothache starts tae spread fae ma teeth intae ma jaws and ma eye sockets, an aw through ma bones in a miserable, implacable, debilitating throb. The auld sweats arrive oan cue, and lets no forget the shivers, covering ma back like a thin layer ay autumn frost oan a car roof.<sup>312</sup>

The remainder of the story tells of his experiences trying to obtain a final dose of opiates to ease his withdrawal symptoms. Welsh does not describe the voluntary withdrawal in any detail, thus failing to provide an example of the junkie's self-empowerment. The one withdrawal presented in the novel in more detail is a forced withdrawal that Renton undergoes after being hospitalised due to an overdose and then being taken home from hospital by his parents. He describes the state he is in as a "junkie's limbo; too sick tae sleep, too tired tae stay awake. A twilight zone ay the senses where nothing's real except the crushing, omnipresent misery n pain in your mind n body."<sup>313</sup> The acute pain is described as follows: "Ma body was being twisted and crushed. It wis like ah hud collapsed in the

---

<sup>310</sup>*Trainspotting*, p. 65.

<sup>311</sup>*Trainspotting*, p. 14-5.

<sup>312</sup>*Trainspotting*, p. 15-6.

<sup>313</sup>*Trainspotting*, p. 188-9.



street and a skip had been lowered on top of us, in a squad of vicious workies were loading it up with heavy building materials, while at the same time sticking sharp rods underneath to skewer my body.”<sup>314</sup> While it is unlikely that the pains are more severe than in a case of voluntary withdrawal, the forced nature of the situation causes a resistance in him that seems to intensify his discomfort. His mother’s statement that “Doctor Mathews says that it’s really like a bad flu, this withdrawal”<sup>315</sup> is met with scorn, yet the deliriums emulated by Welsh’s narrative cannot be distinguished from deliriums that could be caused by an ordinary fever. Renton lacks the will to quit using, and therefore wants heroin to ease his discomforts. This issue is an often neglected aspect of withdrawal: the user’s knowledge that the pain can be ended (or rather postponed) by a single dose of opiates. This should not be misinterpreted as a power that opiates exert over the user, but as the same desire to find a quick solution for discomforts that leads millions of people to use pain killers on a day to day basis.

Sexuality is a frequent topic in the novel. This includes deviant sexuality as well as the sexuality of the heroin using characters. The effects of heroin on the sexual drive of the male characters are not described in much detail, as the knowledge of heroin use paralysing the drive is a given in the discourse on drugs. Statements like “They know how long we’ve been using heavily and what that kind means in the shagging stakes”<sup>316</sup>, or “my abysmal junky track record speaks for itself”<sup>317</sup> leave no doubt that “junk-induced impotence”<sup>318</sup> is perceived to be the norm for male users. The representations of the female users’ sexuality falls into two categories. Some marginal characters are prostituted or sexually exploited in other ways, while one of the major female characters is presented as a stereotypical negligent addict mother. In his chapter on women and drugs, Driscoll succinctly analyses this representation.

In *Trainspotting* we are treated to the pleasing image of the junkie mother who is so high that her baby dies—although it is never clear why the baby actually dies: it is as if the simple fact of the mother using drugs is enough to kill the baby. Layered onto this image is her promiscuity as Renton tells us that the group of drug users is not really sure who the father is. This formulaic melodramatic construction of the addict serves everyone but the female addict.<sup>319</sup>

The image of the irresponsible junkie mother complements irresponsible sexual behaviours by some of the male characters with regard to the possibility of infection with HIV. Since

---

<sup>314</sup>*Trainspotting*, p. 194.

<sup>315</sup>*Trainspotting*, p. 189

<sup>316</sup>*Trainspotting*, p. 54.

<sup>317</sup>*Trainspotting*, p. 76.

<sup>318</sup>*Trainspotting*, p. 77.

<sup>319</sup>Driscoll, *Reconsidering Drugs*, p. 117.

the novel is set in the 1980s, when HIV infections were spreading among many groups of users, the threat of infection and the anxieties of users are frequent topics in the book. Yet one character, Sick Boy, chooses to ignore safety in the form of protected sex: “but there’s no way you can get HIV in Edinburgh through shagging a lassie. [...] If ye dinnae get it through shootin up wi the likes ay Renton, Spud, Swanney n Seeker, it’s obviously no got your name on it ... still ... why tempt fate ... but why not ...”<sup>320</sup>.

Due to HIV the perception of the junkie changed from a metaphorical disease in the ‘body’ of society to a potential carrier of a lethal disease, resulting in an increase in the marginalisation of ‘high-risk’ groups like IV drug users and homosexuals.

Another risk for the user, the unpredictable quality of heroin due to its illegal status, is mentioned on a couple of occasions. The user is aware of the dangers due to the adulteration of heroin, yet he is unable to do anything about them. They are a risk that the user has to take<sup>321</sup>. But not only the detrimental effects caused by some of the substances that are used to cut heroin pose a danger, but also the absence of adulterations, as Renton finds out.

Funny thing wis, jist before this, ah remembered boastin thit ah’d niver OD’d in ma puff. Thir’s a first time fir everything. It wis Swanney’s fault. His gear’s normally cut tae fuck, so ye always bung that wee bit mair intae the cooking spoon tae compensate. Then whit does the cunt dae? He hits ye wi some pure shit. Literally takes yir breath away.<sup>322</sup>

The incorrect expectation of low quality heroin and the impossibility of having the drug tested for its active contents can pose a greater threat to the user than the use of the drug itself.

With the exception of the critical description of professional counselling situations, *Trainspotting* remains safely within the limits of the dominant discourses on drugs. While a few of the major characters are shown to reject their self-created addict identities, the majority of the heroin-using characters confirm the prejudices present in the media discourse. For some of these characters, heroin use leads to disaster in the form of disability, suicide attempts or HIV infection. Welsh represents heroin use as a ‘slippery slope’ on which only a lucky few manage to get a hold and jump off, while the rest comply with the stereotypical expectation that heroin use leads to self-destruction.

---

<sup>320</sup>*Trainspotting*, p. 31.

<sup>321</sup>Cf. *Trainspotting*, p. 12.

<sup>322</sup>*Trainspotting*, p. 188-9.

### 3.6.2 Ann Marlowe: *How to stop time – heroin from A to Z* (1999)

Ann Marlowe's book *how to stop time – heroin from A to Z* is hard to place in a literary genre. It is an agglomeration of mini-essays on a wide range of subjects, most of which pertain either directly or indirectly to the author's use of heroin between 1988 and 1995, that are ordered under keywords and arranged alphabetically. The resulting order defies narrative conventions as there is no chronological or causal order. Because Marlowe makes frequent use of cross-references to other keywords, the reader is enabled to skip forward and backward arbitrarily between the mini-essays as well as following their alphabetical sequence. Some of the essays are mainly autobiographic, offering insights into the author's life from her childhood to her post-heroin-using days, while others are mainly philosophical and analytical (Marlowe took a post-graduate course in philosophy at Harvard). In the course of the book, she debunks many myths surrounding both heroin and the junkie stereotypes, as well as drug use in general.

Marlowe often expresses unconventional views that are sometimes at odds with the stereotypical 'wisdom' about heroin and its effects, or approach the subject from an unusual angle. A good example of this is her attempt at defining addiction, which neither focuses on the biochemical properties of heroin, nor subscribes to the notion of 'need' that e.g. Burroughs centres his concept of addiction around. "If I had to offer up a one sentence definition of addiction, I'd call it a form of mourning for the irrevocable glories of the first time."<sup>323</sup> This recalls the diminishing effects of opiates, due to tolerance, as mentioned by James Lee, Crowley and Burroughs. Marlowe links this desire to relive the "irrevocable glories" with nostalgia and stasis.

That drive to return to the past isn't an innocent one. It's about stopping your passage to the future, it's a symptom of fear of death, and the love of predictable experience. And the love of predictable experience, not the drug itself, is the major damage done to heroin users. Not getting on with your life is much more likely than going to the emergency room, and much harder to discern from the inside.<sup>324</sup>

The terms in which Marlowe describes her "first time" heroin use are very positive: "a surge of astonishing pleasure, in which I could think of nothing but how oddly benign the drug felt. [...] It was [...] euphoric, warm, comforting, and also controlled."<sup>325</sup> However, she writes that she realised almost instantly that the positive effects could constitute a danger: "it makes you feel everything is fine when it isn't."<sup>326</sup> This feeling fine

<sup>323</sup> Ann Marlowe, *how to stop time - heroin from A to Z*, (London: Virago Press, 1999), p. 9.

<sup>324</sup> *how to stop time - heroin from A to Z*, p. 10.

<sup>325</sup> *how to stop time - heroin from A to Z*, p. 23.

<sup>326</sup> *how to stop time - heroin from A to Z*, p. 23-4.

is attributed by her to a numbing of emotion similar to that described by Trocchi, as she explains under the keyword of “emotion”.

Heroin allows you to experience your feelings as feeble, remote and even pitiable little phenomena, rather than the frighteningly overwhelming experiences you may have known before. (Your blunted emotions do resurface in one area, attachment to the drug. The feelings that you used to direct to others, or to other experiences, wrap themselves around that white powder.)<sup>327</sup>

This points to the ordering effects of addiction on the addict’s life, which is central to Marlowe’s concept of addiction. There are many instances in the book describing this ordering, in the following quote connected to the ‘nostalgic’ aspect of addiction.

Addiction, like nostalgia in general, is a form of mourning, an attempt to keep the vanished loved object close at hand by what Freud calls introjection. This means you identify with what you mourn by incorporating it or some aspect of it. And like other forms of mourning, addiction keeps a count—not how long since father died or your boyfriend left, but still a count of the distance between you and the loved one: how many drinks tonight, how many bags a day, how long since I had a drink or til I’ll feel the first withdrawal symptoms. Addiction’s count, like mourning’s, is a defense against entropy, everything running down, collapsing into hopeless chaos. Addiction relies on the tension of enough/not enough, now/not now to organize life and ward off chaos.<sup>328</sup>

What may seem like a chaotic lifestyle from the point of view of a life ordered around the alternating rhythms of work, rewarding oneself for the work done by consuming, and recreation, is, from the addict’s point of view, similarly ordered by getting money for heroin (by legal or illegal work), obtaining and consuming heroin, and experiencing the feeling of inviolability bestowed by heroin. The notion of getting heroin as work is connected to the difficulties of obtaining it that are due to its illegality. “As long as heroin is illegal, getting it feels like work, and coping functions as a caricature of labor. Then again, the tougher it is to get it, the less guilty you need feel at enjoying it [...]”<sup>329</sup> Likewise, the junky myth that heroin use is a rejection of consumerism, eagerly embraced by the punk-subculture of the late seventies and eighties, is debunked by Marlowe, stating that “dope users are also consumers par excellence, defining themselves by what they buy, changing their way of life to accommodate their purchase, swapping information on the best cop spots like so many TV housewives sharing tips on detergent.”<sup>330</sup> Thus heroin use can be seen as an act of substitution, where individuals apply the societally accepted patterns of behaviour they learned to a commodity that is rejected by society, rather than

<sup>327</sup>*how to stop time - heroin from A to Z*, p. 129.

<sup>328</sup>*how to stop time - heroin from A to Z*, p. 130.

<sup>329</sup>*how to stop time - heroin from A to Z*, p. 158.

<sup>330</sup>*how to stop time - heroin from A to Z*, p. 158-9.

rejecting the patterns themselves, as the punk-subculture believed. “While dope is in some ways the ultimate hipster buy, when all is said and done it’s still a purchase and the user is a consumer. Centering your life around coping is not so different from centering your life around shopping, or making deals. Same activity, different aesthetic.”<sup>331</sup> Following this reasoning, heroin addiction can be analysed as the ‘ugly’ side of consumerism, an internal Other to it, regulating the life of the addict around consuming to a degree that the ordinary ‘consumer’ would be reluctant to admit. By pointing out the similarities between ‘deviant’ drug use and ‘normal’ consuming, Marlowe produces a transgressive reinscription, calling into question the normal/deviant binary. While being critical of the ordering of life around heroin, she is equally critical of centring life around consuming. Another aspect of this ordering, or re-ordering, of life around heroin, is seen by Marlowe in the displacement of fear.

First you displace your fear of death onto the dope, where the impending disaster, once you call it by the name heroin, is easier to face. And then you displace your fear of dope onto the fear of not getting it. The fear of the drugs running out is manageable—the fear of time running down isn’t. All of your anxieties come to rest on the single question of getting dope, which, while strenuous in its own fashion, is easier to negotiate than your mortality.<sup>332</sup>

The urge to calm anxieties, not only those caused by the inevitability of death, but also the disquieting everyday worries, can be viewed as a universal trait in modern societies. Drugs are just one of the many ways of calming or self-distraction available, others include TV, computer games, reading, eating, shopping, sex or other physical activity. “Heroin provides the all-absorbing, anxiety deflecting presentness, which we can also find in sports.”<sup>333</sup> While these other activities are generally condoned by society, they too can cause stigmatisation if perceived to be excessive or compulsive, and sometimes in terms that employ metaphors of addiction: we have workaholics, shop-aholics, TV- or internet-addicts, computer-junkies, as well as a plethora of other -holics, -addicts and -junkies. Addiction, it seems, has returned to its original meaning of a strong (or excessive) attachment to an activity, but tainted with a perceived compulsion derived from its long association with the discourses on drug addiction.

The ordering function of addiction is traced by Marlowe back to the middle of the twentieth century, the time when this function was first described in literary fiction (cf. my discussion of Algren in 3.5.1 and Burroughs in 3.5.2).

Fittingly, narcotics users first surfaced as a subculture in the Manhattan demimonde of the forties and fifties, the world Burroughs described in *Junky*,

---

<sup>331</sup>*how to stop time - heroin from A to Z*, p. 46.

<sup>332</sup>*how to stop time - heroin from A to Z*, p. 132.

<sup>333</sup>*how to stop time - heroin from A to Z*, p. 16.

and Norman Mailer diagnosed so brilliantly in his 1957 essay on hip, “The White Negro.” These artists, writers, jazz musicians, merchant seamen, prostitutes, trust fund bohemians and petty criminals, often migrants to Manhattan from small towns or rural areas, were more or less voluntarily detached from the world of work and traditional family life; they had to find their own patterns and rituals in the city that never sleeps. Heroin helped.

Nonusers wonder why junkies with serious habits don’t see the absurdity of arranging their whole day around their need for heroin, but they’ve got it the wrong way around. One reason people become junkies is to find some compelling way of arranging their lives on an hour-to-hour basis. Addiction responds to ruptures in traditional chronology by reshaping it, reorganizing otherwise pointless and fragmentary time around the “need” for a drug, setting up a schedule that is as independent of clock and calendar as big city life.<sup>334</sup>

The statement that the ordering effect of heroin is a “reason [why] people become junkies” is likely to be misread as being a reason why people start using heroin. This reading neglects the fact that she distinguishes between the controlled use (which she claims her own use was, cf. p. 161) and the excessive use connected with the junky stereotype. The ordering effect of heroin is not a part of the dominant discourses on heroin, it becomes obvious to the user only after a period of regular use during which he can experience it himself.

The previous quote also points to another aspect of the discourse on addiction, the perceived “need” of the addict for his drug, an aspect on which she differs fundamentally from most literary representations of opiate use from the 1940s onwards.

Not a minute can I subscribe to the popular view, encouraged by William Burroughs, of addiction as uncontrollable need. Still less can I take addiction as the excuse for bad behavior. No one would condone stealing or child abuse on the grounds of feeling the effects of the flu, and all but the severest dopesickness is no more rigorous than a nasty flu. Unpleasant? Yes. Sufficient explanation for amoral selfishness? Scarcely. Heroin eventually made me bad-tempered and remote, but it didn’t make me beg, cheat or steal. Had I done these things, heroin would have been no excuse.<sup>335</sup>

While she is certainly right about heroin use being no acceptable excuse for “amoral selfishness”, she neglects that her pecuniary needs were more than sufficiently met by her jobs on Wall Street, while for a significant proportion of heroin users there is an actual need for money, regardless of their use, which is hard to meet. This is not to imply that people become addicts in order to be able to justify disapproved behaviour, but once a user has accepted for him- or herself the identity of an addict, this identity can be used to make such behaviour, attributed to need and not to amorality, acceptable to the individual.

<sup>334</sup>*how to stop time - heroin from A to Z*, p. 57.

<sup>335</sup>*how to stop time - heroin from A to Z*, p. 228.

The discourse on heroin addiction (and, to a slightly lesser degree, that on other illegal drugs) has imbued it with mythical powers over the user, that are employed by those seeking to control the use of so-called ‘hard’ drugs as well as those using them. Some legislators, educators and parents frequently subscribe to the ‘one fix and you’re lost/doomed/hooked’ myth (the ‘instantaneous addiction’ paradigm). By doing so, they often nullify their efforts to keep young people from trying out opiates, because recreational or controlled use of opiates is the norm rather than the exception in the early stages of use (as pointed out by e.g. De Quincey and Burroughs), leading would-be users to dismiss the warnings against opiates as untruthful scaremongering. The users, on the other hand, can use this myth as an explanation for disapproved behaviours, attributing crimes against property or dealing in drugs to the “uncontrollable need” for opiates rather than their exclusion from other ways of earning money.

Marlowe is aware that her rejection of the attribution of negatively sanctioned behaviour to need is likely to meet disbelief, and she strengthens her point by comparing addiction to other ‘needs’.

This is an unpopular view: Americans are eager to read addiction as a virtually uncontrollable drive. The twelve step programs encourage this nonsense with their obtuseness about psychoanalytic thought. They’d rather have someone stand up and testify that eight years after his last heroin he struggles every day against the temptation to do it again—a ridiculous notion—than send him to learn what he’s really fascinated with. It’s a way of subscribing to a consumerist ideology that these same people would reject out of hand if you substituted “luxury car” or “designer clothes” for “heroin” in their schema; most advertising in this country, for items from sodas to cigarettes, sneakers to cars, invokes feverish need. But hadn’t someone who obsesses hours every day for years about buying a pair of Gucci loafers better see a shrink? Why is obsessing over doing dope any different?<sup>336</sup>

She goes so far as suggesting that some users who do not otherwise know need “want to learn what need is”: “William Burroughs, a classic trust-fund junkie, admitted as much himself. In *Junky* he says he drifted until he became a junkie and “thereby gained the motivation, the real need for money I had never had before.”<sup>337</sup> While this may seem a stupid reason for taking opiates, it becomes more plausible if the need is viewed in the context of the ordering function of addiction. The concept of ‘need’ is a central component of this ordering: if the need were not perceived to be so overwhelmingly strong, then the motivations for continued heroin use would be reduced to the euphoria caused by the biochemical properties of heroin (which diminish with prolonged use), and the rejection of, or self exclusion from, the dominant motivations and means of self-identification

---

<sup>336</sup>*how to stop time - heroin from A to Z*, p. 228-9.

<sup>337</sup>*how to stop time - heroin from A to Z*, p. 224.

(status, financial independence or affluence, relationships etc.) in society. The rejection of these self-identifications feeds the identification with stereotypical addict identities in a twofold way. From one perspective, heroin is associated with a kind of “transgressive glamour”, a “sense of identity and specialness”<sup>338</sup> that heroin use bestows on the user. This can be linked to a nostalgic feeling, a longing for the perceived specialness of heroin-using rock and film stars of the past, or the image, personified by Burroughs, of the ‘gentleman-junkie.’ “The glamour that clings to heroin is the glamour of the time just before ours.”<sup>339</sup> The great majority of famous heroin users of the past have either quit using, or are dead, and in either case beyond any suffering due to the physical, legal or pecuniary effects of their use. In contrast, contemporary celebrities who admit to using drugs are usually believed to have a serious problem with their use. They generally disavow any positive effects of their use (in order to avoid stigmatisation for glamorising drug use, cf. p. 165) and blame their addiction on the ‘need’ created by dabbling with the drug, thereby creating publicity for the addiction attribution. This stressing of negative consequences is the second perspective on the self-identification as an addict. It is based on the notion that heroin use causes abjection and the misery so frequently represented in press stories on users. There are three aspects of this abjection in *how to stop time* that are especially noteworthy: the myth of the ‘dirty junkie,’ the perception of heroin as a ‘death drug’ and the notion of the ‘lying junkie.’

Under the key-word of “clean” Marlowe states that

dope is, in popular mythology, a dirty thing to do; “dirty junkie” is almost one word. Anyone who is sensitive to such similar catch phrases as “dirty nigger” and “dirty Jew” has to wonder what the politics of “dirty junkie” might be, or why users who quit are described as “clean.” This isn’t to position junkies as members of an unfairly oppressed group, but to suggest that the popular disdain for them tells us as much about American mythology as about junkies.

We think of illegal drugs as impurities, pollutants, like the slang terms “junk” and “shit” suggest. Never mind that the average American pops prescription drugs without a care, rubs cosmetic products filled with suspect chemicals on her body, and eats food full of additives, dyes and preservatives. These aren’t dirtying in the way mood-altering drugs are. The war against drugs derives some of its mainstream appeal from the notion of eradicating dirt, a noxious foreign body. Drugs have to be positioned as unwholesome to be hated—they can’t just be stupid or dangerous, the public also has to think that they’re dirty, used by people who are unwashed, in settings that are disgusting.

Drug users acquiesce in this silly line of thought, speaking of being “clean” when they’ve given up drugs. [...] Almost as though the popular slur “dirty

<sup>338</sup>*how to stop time - heroin from A to Z*, p. 272.

<sup>339</sup>*how to stop time - heroin from A to Z*, p. 236.



junkie” were gospel truth, some people I knew gravitated toward the conspicuously unsanitary once dope took hold of their lives.<sup>340</sup>

The perception of opiates as “dirty” can be explained by examining the history of their use and prohibition. When opium was still common in medical use, the stigma of foreignness was mainly attributed to the use of smoking opium by Chinese immigrants, a very limited application, which nonetheless was used to find support for the early laws prohibiting opium. When the hypodermic administration of morphine was introduced, it was lauded as cleaner than opium and also less addictive than opium (addiction was believed to be caused by ‘impurities’ in the opium and not the active principle, furthermore, it was thought that by avoiding oral ingestion, no ‘hunger’<sup>341</sup> for the drug could develop). This process partially repeated itself when heroin was introduced commercially and advertised as less addictive than morphine. Once the use of opiates in medical applications had been drastically reduced, and all non-medical uses prohibited and returned to the medical profession as a ‘disease,’ they took on an aspect of foreignness, due partly to the association in the media discourse of drugs with ethnic minorities, and partly to the perception of disease as foreign. As Susan Sontag wrote, there is a “link between imagining disease and imagining foreignness. It lies perhaps in the very concept of wrong, which is archaically identical with the non-us, the alien.”<sup>342</sup> The perception of drugs as a foreign pollutant is perhaps best exemplified in the popular metaphor of the “War on Drugs.” A war is usually fought against either a foreign power deemed to be dangerous, or a foreign invader. Drugs are (and *must* be) represented as such a foreign invader, otherwise the whole rhetoric of the “War on Drugs” would collapse, since (taking the US as an example) most measures in this war are directed against a section of the American population — individuals whose bodies (and minds) have been ‘invaded’ by drugs (the addicts), or those who support the invader (the dealers/pushers). If drugs were not represented as foreign pollutants and if their use were seen as a matter of individual choice, then the “War on Drugs” would collapse into a “Civil War on Drug Users” — a notion that a majority of the American people would oppose vehemently.

The second aspect of the abjection supposedly caused by heroin use is the perception of heroin as a “death drug”. According to Marlowe, this perception is caused by a misinterpretation of the relationship between heroin users and the loss of consciousness.

The greatest popular misconception about heroin, after the myth of irresistible addiction, is its depiction as a “death drug”. On this understanding, the nod that heralds the second phase of the high and carries the user toward unconsciousness is a prototypical near-death experience. But the reverse is the case.

<sup>340</sup>*how to stop time - heroin from A to Z*, p. 68-9.

<sup>341</sup>Cf. Martin Booth, *Opium - A History*, p. 72.

<sup>342</sup>Susan Sontag, *Illness as Metaphor — AIDS and Its Metaphors*, p. 134.

True, the nod's relation to death is a crucial part of its allure: you get to pull back from oblivion again and again. But it's the pulling back we crave. And heroin appeals not to those who desire or love death—a minority taste—but to those who wish to convince themselves of their immortality—most of us. Heroin offers a voluntary analogue to the involuntary miracle proposed to us nightly by sleep: lose consciousness, but live on.<sup>343</sup>

The change of perspective on this phenomenon that Marlowe offers the reader is typical of her style. She takes a common concept in the discourse on drugs that appears plausible (*'Heroin use can cause symptoms resembling death' ⇒ 'Heroin use is death-seeking behaviour'*), but adds a component that is frequently overlooked, thus coming to a diametrically opposed conclusion (*'Heroin use can cause symptoms resembling death' and 'The attraction of these symptoms lies in the user's evasion of death' ⇒ 'Heroin use is not death-seeking behaviour'*). Similarly, she sometimes debunks myths by reversing the relationship between cause and effect, as is the case in her rejection of the myth of the 'lying junkie'.

Popular mythology insists that junkies always lie about how much dope they're doing, what their money situation is and so on. But cause and effect are being confused. It's not that heroin use magically makes people lie, it's that some people who are addicted to lying will seize upon heroin as an excuse for behavior that comes naturally to them anyway.<sup>344</sup>

As with the "amoral selfishness", heroin's perceived relationship with untruthfulness can be used by the heroin user to attribute disapproved behaviour to the drug, thus averting blame for this behaviour. This certainly is not sufficient reason for someone to take heroin, but it can be an added benefit: to have an excuse for disapproved behaviour if it occurs.

It got to the point in my last year of doing dope that I'd make social plans with three friends for the same night and all three would cancel or forget. Yeah, yeah, junkies are unreliable—we've heard that before. But why, really? All these people were able to show up at jobs on time month after month.

Sometimes I thought it was about power. The more unpredictable you are, the more of your friends' head space you take up, and the more power you have in the friendship. It was another of those playing-with-control issues junkies love (see **power**). More kindly, this unreliability might be about not having learned the meaning of trust. Dope lures those who feel they cannot rely on others, those whose plans and hopes have themselves been unmade too many times. They have no clear sense of their own past history so they cannot relate it clearly to others. They use language as cavalierly as it has been used with them. And so it is not that junkies lie, but that those whose past history has taught them no respect for language are more likely to become junkies.<sup>345</sup>

<sup>343</sup> *how to stop time - heroin from A to Z*, p. 193-4.

<sup>344</sup> *how to stop time - heroin from A to Z*, p. 200-1.

<sup>345</sup> *how to stop time - heroin from A to Z*, p. 202.

In this quote, Marlowe also links a lack of a stable identity (a person's inability to tell of, and to relate to, their past history) to the self-construction of an addict identity. The addict identity frequently relies not on a concept of self based on language as the means of self-construction from personal history and experiences, but stereotypically on the concept of a perceived 'need' organising the life.

However, the image of herself as an addict that she presents in the book is not that of a stereotypical junkie but one of controlled addiction based on choice. Under the keyword of "junkie" she writes that her self-control prevented her from experiencing the serious detrimental effects associated with the junkie as the stereotypical addict.

I wasn't [a junkie]; the need was not great enough. I didn't have to get high to function, and my dopesickness was a day of flu, not convulsions. For years I kept to this side of what I considered the junkie divide, carefully calibrating the amount I snorted so I could always quit without medications and rehab. And for years I measured myself against the notion of the junkie, half with dread, half with envy (how easy to just give up the struggle against addiction, to abandon the days off). I existed in opposition to the state of "the junkie"; I might approach it asymptotically, but never touch.<sup>346</sup>

This aspect of self-control frequently occurs in connection with descriptions of her addict identity. The care of the self, that stands in stark contrast to the junkie stereotype, is reminiscent of the way that James Lee presents himself in *Underworld of the East*. While the notion of such controlled addiction is often heavily disputed, it is beyond doubt that an addict *can* take steps to reduce detrimental effects. Marlowe had a strong desire to avoid physical decay and this influenced her behaviour.

During the years I used dope, I played a curious game with myself, balancing heroin against exercise in an effort to get high as often as I wanted without losing my strength and muscle tone. Later, a physician friend suggested that my level of exercise made it possible for my body to clear the drug from my bloodstream unusually quickly. And so, although my highs ran out faster than they might have otherwise, I also sunk more slowly into addiction.<sup>347</sup>

However, she concedes willingly that she was not able to exert such self-control over all aspects of her drug-taking behaviour:

I wanted to prevent the escalation of dosages everyone associates with addiction; it didn't seem smart to spend more and more money on drugs.

What I couldn't prevent was the escalation of frequency of use: another, less notorious sign of addiction. The half-bag occasions might have started out a week apart, but they became every third or second day or daily, months

<sup>346</sup> *how to stop time - heroin from A to Z*, p. 188.

<sup>347</sup> *how to stop time - heroin from A to Z*, p. 17.

at a time without a break of more than a few days. It wasn't much of a habit—never more than a bag a day, usually just a few bags a week—and it had no financial impact. But it was enough to flavor most aspects of my life, from my choice of friends to the times of day I was best with people to where I'd meet someone for dinner.

[...]

In hindsight, it was all compulsive behaviour. I used to convince myself to finish a half bag, because if I kept the half bag around, I'd just do it tomorrow, after all, and then it would take longer for me to get to the point of not having done dope for three days so I could do it again. Never mind that I didn't feel the need to get high at the moment. I finished the bag. I'd have recognized this reasoning as pretty odd if the bag held potato chips or chocolate chip cookies; I've never had an eating disorder. I'd have wondered if a half bottle of wine were in question. But I didn't notice that I was getting weird about dope.<sup>348</sup>

Her increase in the frequency of use is left unchecked because of the formation of what Burroughs called a 'blind spot,' the invention of a reason to justify a certain behaviour which stands in contrast to the control the user believes to exert over his consuming habits. Marlowe links the increase in her frequency of use to two aspects of heroin: withdrawal symptoms and the "cultural mystique of the drug"<sup>349</sup>. She states that, contrary to popular belief, withdrawal symptoms do not start to appear after a prolonged period of use, but that they follow any use of heroin. The reason for their not being recognised during the early stages of heroin use lies in two factors: the small amounts taken limit their intensity, and their onset is delayed due to the body's limited capabilities of metabolising heroin.

You feel shitty the day after the day after a night of indulgence, and those same sensations, magnified, will eventually appear the day after, or even six or eight hours later, as soon as you wake up. What you once thought of as a "dope hangover" reveals itself as withdrawal. It would be common sense to stop doing heroin for awhile when you notice this acceleration of the drug's decay in your body, but this isn't the most frequent reaction. Instead, because it is easier to deal with a few symptoms than with entropy, you embrace this evidence of addiction, and take measures to deal with it. The most usual is to get high more often.<sup>350</sup>

The increased frequency of use that she experienced can thus be interpreted as the result of one of the effects of heroin, already mentioned by Burroughs, i.e. its being an "insurance against junk sickness"<sup>351</sup>. While this behaviour may seem illogical, it is nonetheless common behaviour when drugs are concerned as the proverbial *hair of the dog that bit you* proves. The second aspect of the increase in the frequency of her heroin use is linked

<sup>348</sup>*how to stop time - heroin from A to Z*, p. 112-4.

<sup>349</sup>*how to stop time - heroin from A to Z*, p. 229.

<sup>350</sup>*how to stop time - heroin from A to Z*, p. 132-3.

<sup>351</sup>*Junky*, p. 125.

to the stereotypical perception of heroin as creating an ever increasing ‘need’. “Although I was skeptical of the mythos of abjection, I also suspected that if I hadn’t felt physical need, I must not have had the full experience. This is true, but if followed on a consistent basis it doesn’t make any sense—you wouldn’t have had the full experience until you ODeD or ended up on the street.”<sup>352</sup>

Despite these examples of the limitations of her self-control in the book, they are outweighed by the representations of her use as being controlled. While this control over her use is certainly influenced by some personal factors — her unchanged interest in keeping fit, the control she exerts on the financial impact of her use, her fear of needles keeping her from injecting the heroin she uses<sup>353</sup> — it is dominated by a rejection of complying to a stereotypical addict identity, and instead constructing an addict identity for herself based on choice.

My addiction, such as it was, was chosen. Most are. For some of us, once you realize addiction is out there, you have to try it. Or in my case, once you realize a flirtation with addiction is possible, you have to explore it. Getting a habit isn’t an accident, or the result of the “power of the drug”; it’s what you were after. I took to dope from the start, but many people who later become junkies will tell you that the first time, or two times, or even every time they got high, they threw up. Would you order an entree again if you threw up the first time you ate it? Would you go out on cold nights to dubious streets to buy it? Risk arrest?<sup>354</sup>

This stands in stark contrast to the conventional addict stereotypes that present the addict as the victim of the drug. From Marlowe’s point of view, the user takes the drug *because of* its addictiveness and not *in spite of* it. With this premise, the ‘inevitable addiction’ paradigm is turned into a tautology. The possibility of addiction is turned into a challenge, not a possible deterrent against drug use. Marlowe goes so far as to postulate a connection between the perception of heroin as a pleasure and the representations of its dangerousness in the dominant discourses.

Addiction isn’t just a possible outcome, it’s a partial motivation for drug use. Putting it another way, if heroin were nonaddictive, it wouldn’t be a good enough metaphor for anyone to want to try it.

Heroin’s addictiveness plays into Western ethics, but reduces it to self-parody. If the good is what we will sacrifice for (I imagine Socrates arguing), then isn’t the thing people will sacrifice most for likely to be the highest good? We grow up hearing how destructive this drug is, how it ruins lives because people want it so very much, and so we suspect it must be enormously pleasurable. It becomes desirable because we have heard it is addictive.

---

<sup>352</sup> *how to stop time - heroin from A to Z*, p. 229-30.

<sup>353</sup> Cf. *how to stop time - heroin from A to Z*, p. 23.

<sup>354</sup> *how to stop time - heroin from A to Z*, p. 144-5.

This argument confuses need with desire. Even on the level of need, it doesn't work. At the margin, the need for heroin looks enormous. But I have friends who quit five-bag-a-day habits cold with not so much as a day of violent illness. Just try going without air if you want to see need in action. On a deeper level, just because we need air to live doesn't mean that it's the highest ethical goal. Experimenting with heroin because it's addictive is a philosophical mistake, though at the start a fun one.<sup>355</sup>

The dominant discourses' emphasis on the dangerousness of heroin, intended as a deterrent from its use, actually provides one of its attractions. This functions in a way similar to the counter-productive effects of a prohibition that are due to the pleasure that the individual feels when he is able to evade the detection of his breaking the rule or law.

When Marlowe quit using heroin, an important motivation for her was a rejection of heroin use as a way of self definition.

What allowed me to quit and not do it again was giving up on the psychological pattern of need, rejecting the position of abjection. Most people who've never used addictive drugs become suspiciously upset when you suggest that heroin isn't that devilishly habit-forming, that we choose our addictions. They want to locate the horror in the remedy, but the horror's in the zeitgeist.<sup>356</sup>

This underlines the notion of drug use as a means of constructing an alternative identity for oneself. The user can turn himself into a criminal, a victim, a sick person in need of help, a madman, a rebel against authority, or a hedonist — simply by using (or, in this case, abusing) an illegal psychoactive substance.

Marlowe also analyses the role of heroin in literature. While heroin use is, for the great majority of the readers, a phenomenon they have not experienced, there are many preconceived ideas about it, shaped by the stereotypes of drug use perpetuated in the dominant discourses on drugs. This is one of the reasons why much heroin fiction sticks so closely to these stereotypes: the reader is unlikely to accept accounts of heroin use that significantly deviate from the discursive stereotypes. "What novels of addiction do have going for them for the nonusing reader is the pleasurable security of reading about a disaster that won't afflict you."<sup>357</sup> A description of unredeemed heroin use *not* leading to disaster would disappoint the reader's expectations.

A fair number of post-Beat novels have been written about junkie life and the dope trade, but they are all unsatisfying: *The Story of Junk*, *The Lotus Crew*, *Meditations in Green*, *The last Bongo Sunset*. . . . None measures up

<sup>355</sup> *how to stop time - heroin from A to Z*, p. 180-1.

<sup>356</sup> *how to stop time - heroin from A to Z*, p. 230.

<sup>357</sup> *how to stop time - heroin from A to Z*, p. 142.

to Burroughs, or to Alexander Trocchi's undeservedly obscure 1960 novel *Cain's Book*. [...] The problem with heroin fiction may be that the aura of the drug is so strong as to lead the writer to neglect conventional lures like suspense, character development and convincing dialogue. He forgets that nonusers won't accept fulsome descriptions of the glory of the heroin high in exchange.<sup>358</sup>

The success of many novels in which heroin features is dependent on the compliance with the constructed heroin stereotypes. The reader would find it hard to relate to a novel on heroin use that defies the stereotypes, because it would question both the 'knowledge' of the reader about the effects of the drug, and the discursively constructed 'experience' of heroin use.

On a deeper level, heroin is stronger than imagination; it enforces its own reality. Dope is antifiction. A novel about heroin is weighed down by the inherent consistency of everyone's experience of the drug in a way that a novel about love or revenge is not; those experiences are universal but not identical. Few writers are skilled enough to overcome this obstacle. So heroin demands nonfiction, memoir, truth-telling, but even here the trick is to outwit the drug, to introduce what the drug will not: surprise.<sup>359</sup>

The dominant discourses on drugs dictate that an author can only write about drug use in certain ways without coming under severe criticism. People '*know*' that heroin *creates an irresistible need*, that it *debases the user*, that it is *impossible to control the use* and it *destroys the user's health*. If an author dares to state a different opinion, he is accused of glamorising the drug, of advertising it, and thus trying to corrupt people, to seduce them to using it. Marlowe writes extensively about this phenomenon under the keyword of "glamour":

When I published a cover story on heroin in the *Village Voice* in 1994, I got lots of nasty letters that all agreed on one thing: because I emerged from years of heroin use without noticeable health, career or financial effects, I wasn't qualified to write about dope. I didn't really have the experience, because the sign of really having the experience is ruining your life. This is a circular argument of course—"we will only trust accounts of dope use that end in ruin, because dope use always ends in ruin." But who said Americans are rational about drugs?

Writing about heroin will ALWAYS be perceived as "glamorizing" the drug, no matter what you say. No, I don't think taking heroin is a good idea. Period. But given that I did it already, I might as well write about why and what I learned from those years. And one of those things is that doing heroin isn't as scandalous as writing about it, and this is a very interesting wrinkle in the social drama of addiction.<sup>360</sup>

<sup>358</sup> *how to stop time - heroin from A to Z*, p. 141.

<sup>359</sup> *how to stop time - heroin from A to Z*, p. 141-2.

<sup>360</sup> *how to stop time - heroin from A to Z*, p. 153-4.

Marlowe goes on to state that the ‘scandal’ of writing about heroin lies in the belief that a representation of drug use is somehow always an incitement to use, a mysterious power that is only shared by writing about sex.

Only pornography (“it causes rape!”) and writing about drugs are supposed to have this ability to function as immediate incitations to action. If I wrote an article about how wonderful a time I had surfing, I doubt readers would blame me for any injuries they received trying to duplicate my experience. But accounts of heroin use (and sex), like the real thing, are supposed to be irresistible, powerful drugs in their own right. Read it, and you’re lost, or changed.<sup>361</sup>

Another cultural phenomenon is also frequently criticised as the *cause* of diverse ills in society: music. Especially in the US, music popular with sections of the young population (e.g. rock-music in the 1950s, heavy metal and punk in the late 1970s and the 1980s, rap in the 1980s and 1990s) is blamed as the *cause* of rebellious behaviour, drug abuse, inner-city crime and even teenage pregnancies. This scapegoating behaviour tries to attribute behaviours that have different *reasons*, many of which are due to the unwillingness to address social inequalities and the problems that adolescents have in defining their identities, to simplified *causes* that can be vilified as a dangerous Other.

Marlowe dismisses the idea of writing about sex or drugs being a direct incitement and criticises the taboos surrounding writing about drugs for being counter-productive.

People who say that pornography is an incitement to rape forget that rape is a crime of violence, not lust. Pornography may be an incitement to masturbation, but it’s no more an incitement to rape than a Cartier ad is an incitement to jewel theft. And addiction isn’t a hunger for a high, it’s a disease, a system of thought and a way of being. Reading about dope doesn’t create addicts; a combination, probably, of biochemistry and life experience creates addicts. Many people try heroin once or twice and simply decide it’s not for them (as I did with cocaine). And many, if not most, people could read a thousand pages about the supposed glories of dope and never want to try it.

We distrust writing about heroin (and sex) almost more than heroin (or sex) itself. The structure of addiction is maintained by this taboo about writing about it. The more heroin is hyped as ultimately powerful and irresistible—to the point that merely reading about heroin is thought to cause heroin use—the more people are going to addict themselves to it. The biggest, darkest secret about heroin is that it isn’t that wonderful: it’s a substance some of us agree to pursue as though it were wonderful, because it’s easier to do than to figure out what is worth pursuing. Heroin is a stand-in, a stop-gap, a mask, for what we believe is missing. Like the “objects” seen by Plato’s man in a cave, dope is the shadow cast by cultural movements we can’t see directly.<sup>362</sup>

---

<sup>361</sup> *how to stop time - heroin from A to Z*, p. 154.

<sup>362</sup> *how to stop time - heroin from A to Z*, p. 154-5.



The stereotypes that dominate much of the discourse on opiates are harmful. Instead of being the deterrent they appear to be on the surface, they frequently invest drugs with powers which they do not have and attribute pleasures to their use that are far from their actual effects. This is one of the reasons why the analysis of the literature on drugs — especially those books whose representations of drug use differ from the stereotypes and which contain statements and opinions that are absent from the dominant discourses on drugs instead of simply complying with or denying the common discursive formations — is so important. If a better understanding of the reasons that individuals have for taking drugs is achieved, many of the myths surrounding drug use collapse. One aim of the preceding analyses of the literature on drugs is to reduce the harm done by the dominant discourses on drugs: often, a lot more can be learned by listening to those who have experience and have written about it, than by reading what has been written by experts.

### 3.7 Summary

The works discussed in this chapter map the development of addict identities and addict stereotypes from the early nineteenth century to the close of the twentieth century. Most of them represent opiate use from a user's point of view, i.e. they feature drug using or addicted narrators whose statements about drugs and addiction can be interpreted as reflecting the authors' experiences.

The beginning of narrative literature on drugs that is written from a user's point of view was the publication of De Quincey's *Confessions of an English Opium-Eater*. Although the title suggests the existence of a singular opium-eating identity, De Quincey was careful to distinguish between different kinds of users as well as the different uses that opium was put to. The "regular and confirmed" opium-eater is a direct precursor of the twentieth century addict in so far as he is a type of addicted opiate user. In other respects a connection between the two is not so easily made: De Quincey does not represent the addicted user as a deviant and tries to defend the moral legitimacy of opiate use for pleasure. For him, there was nothing criminal about hedonistic opiate use.

In Wilkie Collins' *The Moonstone*, the only regular user of opium is a pitiable character rather than one who evokes contempt. His use is of a medicinal nature and is 'punished' by terrifying dreams. In so far, he is an unlikely precursor of addict stereotypes. The connection between the two lies in Jennings' Otherness: he is a deviant from the norm in his appearance, and, due to his 'female constitution', also from the male norm. The novel marks the beginning of the representation of the English drug user as belonging to the Other. This Other is even more pronounced in the representation of users in *The Mystery of Edwin Drood*: a 'foreign' method of use (opium smoking), which was not common in England at the time and limited mainly to places where Asian seamen lived, the use by Asian foreigners, and the transformation of the English user are used by Dickens to create a melodramatic atmosphere. However, the most important opiate-using character in the novel manages to conceal his use from the majority of the other characters, his excursions to the opium den are kept a secret.

The *Diary of a Drug Fiend* portrays addiction as based on volition, the user's desire to keep experiencing the effects of the drug. The novel shows the contemporary trend in Britain to see the addict as within the domain of medicine, a person who has to be cured of the 'disease' of addiction. Crowley points out some of the shortcomings of this approach, in particular the negative effects of the addiction attribution that denies the addict the possibility of changing his behaviour himself. The 'impossible to quit' paradigm is represented in the novel as based on the medical approaches to addiction and their failure to acknowledge the importance of will power for a successful withdrawal.

Although published considerably later, James S. Lee's autobiographic narrative *Underworld of the East* recounts events of the pre-prohibition era when opiates were freely available. He defies addict stereotypes by being able to control his use of drugs and the negative consequences of his use, as well as managing to be successful in his profession. Lee stresses the importance of knowledge about drugs and their effects, which is the basis for any harm reduction. Addiction is represented as the result of a mismanagement of drug use, therefore the user himself, if he has adequate knowledge about the drugs he uses, is responsible for avoiding addiction.

Nelson Algren's *The Man with the Golden Arm* represents the addict as someone who suffers from a 'disease of will', which is created by the drug. The author makes use of the 'impossible to quit' and 'slippery slope' paradigms, thereby portraying the addict identity as a result of the exposure to drugs and not as a chosen identity. This is emphasised by the protagonist's externalisation of 'need' as a parasitic Other produced by opiates. The ordering effect of organising life around the use of opiates is mentioned by the protagonist, but in a way that makes it appear as an excuse and not as a convincing reason for his use that would permit his addict identity to be interpreted as based on choice. Through the criminal activities of the addicted protagonist, the addict is linked with crime, reflecting the contemporary tendency of American media and law-enforcement agencies to construct the addict identity as criminal.

In *Junky* the addict is represented as active in acquiring a 'habit', the addict identity is self-created and not the result of opiate use itself. Burroughs tries to debunk the myth of 'instantaneous addiction' and the 'impossible to quit' paradigm, as well as denying the supposedly immense pleasure produced by opiates. The frequent patterns of kicking and relapsing that Burroughs' addict characters undergo indicate that the addict identity, as well as addiction, can be based on choice. His use of the addiction attribution and his emphasis on 'need' were reactions to the increasing criminalisation of the addict in the United States.

Alexander Trocchi also sees the addict identity as a construct, one which enables the user to live as the Other inside a society. He lets the narrator of *Cain's Book* embrace a hybrid addict identity based on choice and not on 'need'. The addict identity is represented as not based on physical addiction, but on a psychological attitude. The will to comply with stereotypes and transferring responsibility for one's behaviour to the drug, characteristic of an essential addict identity, are shown to be detrimental: the narrator points out that by complying with the addict stereotypes, the addict often exacerbates his own situation.

*Trainspotting* portrays the addict identity as based on choice, it facilitates explaining continued drug use by substituting reasons for drug use, which Welsh's characters often

are incapable of giving, with the addiction attribution. Most of the characters in the novel embrace an essential addict identity during the periods when they use heroin regularly, their compliance with the stereotype makes it easier for them to justify their selfish and irresponsible behaviours. The use of opiates is represented as a 'slippery slope', leading to disaster for many of the characters.

Finally, in *how to stop time*, the narrator represents her use as controlled by her desire to avoid a 'junky' identity, i.e. a stereotypical addict identity. Her analysis of why some users actively embrace a 'junky' identity reveals that viewing addiction as an uncontrollable drive facilitates the attribution of negative behaviour to the drug, i.e. the addict can attribute actions to the Other that the drug represents, to a not-me of addict identity which is seen by the addict as distinct from his or her 'real' identity.

There is a considerable variation in the addict identities represented in the novels. Nonetheless, they can be grouped into two categories: the essential and the hybrid addict identity. There is a high correlation between the representation of an essential addict identity and the use of the addiction attribution to explain the characters' continuing drug use.

Like the word 'addict', the addiction attribution is a product of the twentieth century. It is present, in one form or another, in all the novels I discussed that were written in the twentieth century. In *The Man with the Golden Arm* its internal  $\times$  stable  $\times$  uncontrollable explanation for continued drug use is used to represent addiction as a disease that is incurable in most cases and transforms the user's identity into an essential addict identity. In contrast, the use of the addiction attribution in *Junky* serves another purpose, it is used in the context of a medicalisation and is intended to counteract the criminalisation of the addict. Although Burroughs' representation of opiate use as fluctuating conflicts with the stability dimension of the addiction attribution, he compensates this by claiming that opiates produce a biological change in the user, so that while the actual drug-using behaviour of the addict may be unstable, the propensity to use the drug and to relapse after a period of withdrawal is stable. In *Trainspotting* the heroin-using characters use the addiction attribution in order to avoid having to sort out their lives and to take responsibility for their behaviour during the periods when they use heroin.

The other twentieth-century books discussed by me are critical of the addiction attribution. *Diary of a Drug Fiend* and *how to stop time* point out that it leads to a lack of independence and self-determination, while *Underworld of the East* shows that the centring of life around opiate use without controlling and varying the amount used (i.e. having an unstable pattern of use) is detrimental. In *Cain's Book* the narrator criticises that addiction is seen as a function of heroin (i.e. the belief that heroin transforms the addict's

drug use into a stable behaviour), while for him addiction is based on choice.

The addiction attribution is closely intertwined with the concept of 'need'. This is indicated by the emphasis placed on need in *The Man with the Golden Arm*, *Trainspotting*, and to a lesser degree also in *Junky*, where the addiction attribution is used by characters to explain their continuing drug use. 'Need' implies a necessity or obligation and, unlike a 'want', also that the behaviour is beyond volitional control. The representation of continued drug use as based on need is an essential factor for the perpetuation of the addiction attribution and the stereotype of the helpless addict. This representation is due to the phenomenon of physical addiction: the discomfort and pain experienced during a withdrawal from opiates are frequently interpreted as indicators that there is an existential 'need' for opiates. This, however, is a misinterpretation.

The idea that addiction is a state in which the driving force for autonomous action becomes lost to the individual, and is taken over by craving, an irresistible psychological force fuelled by inevitable and excruciating withdrawal symptoms, is untenable since these concepts do not in fact possess the monolithic properties that they would require in order to assume the roles assigned to them.<sup>363</sup>

Many of the elements in the dominant discourses on drugs, even those that are generally assumed to have a paradigmatic validity, are based on similar simplifications that frequently fail to acknowledge the complexity of the phenomena of drug use and addiction. This is probably not due to an intentional distortion of 'truth', but caused by two factors. Firstly, the media discourse is by nature prone to represent complex phenomena in a simplified manner that tries not to deter the receivers of the messages by confusing them with uncertainties or by challenging existing beliefs. Secondly, many representations are based on self-reports that are not necessarily 'true', but rather functional explanations that try to influence attributional verdicts.

When a person reports not being able to control their drug use, we are in error if we assume they are revealing first-hand (proximate) knowledge about the fundamental principles underlying their behaviour. Rather, such reports are socially-functional inferences deriving from self-observation.

If we observe that, with great regularity, we over-indulge in some activity to the detriment of health, family, friends and economic functioning, we require a linguistic formula that enables us to explain these circumstances in an acceptable fashion. *The statement that 'I cannot stop' is not a statement of fact, but an inference based on the self-observation that I reliably fail to do so.*

The statement 'I cannot stop' is thus primarily a metaphor; and no other linguistic device adequately captures the moral and behavioural dilemma in which the 'addict' finds him/herself.<sup>364</sup>

---

<sup>363</sup>Davies, *The Myth of Addiction*, p. 55.

<sup>364</sup>Davies, *The Myth of Addiction*, p. 62.

This shows that the ‘impossible to quit’ paradigm, which describes addiction as stable and uncontrollable, cannot be true. And indeed, this paradigm is one of the elements in the discourses on drugs that is frequently contested in the novels discussed by me. Most novels represent withdrawals and thereby point out that an addict identity can be renounced if the user wants to.

One of the reasons why narrative literature by authors who have experience of addiction breaks with the discursive stereotypes more frequently than that by authors without first-hand experience lies in the source of the information represented in the books. Authors without experience are, like the media discourse, more likely to base their representations on self-reports by users who are in a situation that requires them to give a functional explanation of their continued drug use. The dominant discourses, together with the stereotypes and paradigms surrounding drug use, provide these authors with a framework that they use to create stories and characters that are acceptable to the reader, yet the verisimilitude they create reflects the social reality of the drug user or addict (i.e. the behaviours produced by the dominant perceptions of and attitudes towards drugs and drug use) rather than the effects produced in them by drugs.

The representations of drug use and addicts by authors who have first-hand experience is often different. Frequently there is no necessity for the author to give a functional explanation for his use: he is not in a situation where he asks for assistance, nor does he have to make the use of opiates by his characters appear acceptable. Furthermore, the medium of literature separates the author from the narrative; he is less likely to be criticised because of his (previous) drug use than his writing about drugs and users in a way that deviates from the accepted framework.

The representation of drug use as a behaviour that is chosen, and not enforced by some obscure powers of a substance that produces either a ‘need’ or a ‘disease of will’, has been present in some novels since the early twentieth century. Yet it was acknowledged only rarely by the dominant discourses on drugs. Many addicts make use of the addiction attribution even today, reporting that their addictions are due to a ‘need’ for the drug and not to their desire to feel the effects of the drug.

The effects of narrative literature that represents drug-using and addicted characters is not only limited to the discourses on drugs, but can also have effects on users and addicts themselves. While some novels limit themselves to regurgitating the addict stereotypes, thereby encouraging the self-identification of users as stereotypical addicts, with all the negative consequences that this essential addict identity entails, others try to spread knowledge that can help to reduce the possible harm that the use of drugs can entail.

Different kinds of knowledge about drugs and drug use are disseminated in the books: knowledge about the positive and negative effects of opiate use, knowledge about safe use

or measures that the user can take to lessen the negative effects, and knowledge about the errors in the dominant discourses on drugs.

Of the two twentieth-century novels that are close to the dominant discourses on drugs, *The Man with the Golden Arm* and *Trainspotting*, neither offer any constructive criticism of these discourses, nor do they make effective suggestions for harm reduction. In contrast, the other novels, while not offering any patent solutions to the problems caused by the use of opiates, make contributions to the discourse that merit a closer scrutiny. *Diary of a Drug Fiend* exposes the fact that the prohibitive approach to controlling drugs causes the problems to move away from the public sphere to where positive intervention is harder to accomplish and less probable to succeed. The novel also points out that increased media attention can exacerbate problems by increasing the interest in drugs. *Underworld of the East* emphasises the importance of knowledge about drugs, and gives advice on some methods of harm reduction and safe use. *Junky* criticises the prohibitionist discourses with the accompanying media-created hysteria, and the transformation of the addict into a criminal. In *Cain's Book*, Trocchi points out that many of the problems surrounding the use of opiates are caused not by the drug itself, but the dominant discourses on drugs and their transformation into laws and public opinion. He also criticises the lack of non-alarmist information about the effects of opiates and the inadequate knowledge that this lack produces. The author who devotes the most space to debunking the myths surrounding opiate use and correcting the incorrect assumptions underlying the addict stereotypes is Ann Marlowe. Her deviation from a conventional narrative framework lets her focus on disseminating knowledge to a greater extent than the other authors discussed in this chapter.

In most cases, a negligible amount of the knowledge distributed in the books became part of the dominant discourses. This is due to several factors. The majority of the books that tried to spread knowledge had only a very small audience that was reached directly (i.e. people that actually read the books), the majority of the population were instead exposed to the media that publicised the 'official' knowledge on drugs. With the exception of De Quincey's *Confessions of an English Opium-Eater*, the books that challenged the dominant discourses did not cause a significant reaction in the media, the discourse that they incited was limited to a few participants. In addition, the authors and the statements made in their books could be easily discredited as being pro-drug (or simply not anti-drug enough), 'corrupters of youth', or as glamorising drug use<sup>365</sup>, partly because they were perceived only as individual authors with renegade opinions, and not as members of a 'tradition' of dissenters.

What happens if a group of authors produces similar statements about drugs and drug

---

<sup>365</sup>Cf. p. 165.

use and if there is a media reaction to their publications? This is the question that the next chapter will try to answer.



# Chapter 4

## Counterculture: Beats and Drugs

### 4.1 Introduction

In the previous chapter I have discussed the representations of opiate use and opiate users in selected works of narrative literature from the nineteenth and twentieth century. The main focus was the addict as presented from the authors' individual points of view, based on their personal constructions of what addiction is. Yet the impact of these constructions on the perception of drug users and addicts in a wider societal framework was limited. The most obvious limitation is that these books, as most books, have only a relatively small number of readers when compared to the mass media.

From the mid-1930s to the 1960s, the media discourse<sup>1</sup> in the USA was shaped to a large extent by the official policies on drug use. The FBN supplied the press with stories, often about violent crimes allegedly committed under the influence of a drug, that were intended to show the 'devastating effects' of drug use. Drug use was frequently equated with addiction and drug users labelled as addicts.

As I have shown in the previous chapter, drugs were (and still are) often represented as belonging to the realm of the Other, which is perceived with a mixture between fascination and repulsion. The users of drugs were therefore frequently viewed with suspicion, which often turned into fear when the use of drugs was perceived as a group phenomenon. Because of this, reactions by the media to literary representations (and by the public to both literary and media representations) of drug use were strongest when use by a group of people was reported. This was the case with De Quincey's representation of working-class opiate use and with reports about soldiers' use of drugs during the First World War. It also holds true for the countercultures of the second half of the twentieth century.

---

<sup>1</sup>Many examples of the media discourse on psychoactive substances and of official publications concerning their use can be found at:

<http://www.druglibrary.org/schaffer/History/HISTORY.HTM>

Counterculture is a term used since the late twentieth century to designate “a mode of life deliberately deviating from established social practices; a group that has adopted such a lifestyle”<sup>2</sup>. While the term has also been used for sub-sections of society that follow certain fashions (usually for a specific style of clothing, music, activities and meeting places, e.g. the now waning techno or rave ‘movements’), their lack of deviation from the social norms and practices, except on a superficial level, disqualifies them as true countercultures. In order to avoid ambiguity about the term counterculture, I will use it only in a narrow sense, meaning a group of people that have the ambition to change the society they live in and who want to set an example of how this might be achieved through their work and lives.

In this chapter I will examine the literary output of novelists who were perceived as members of a group, namely the Beat Generation. The nucleus of the literary Beat Generation were Jack Kerouac, Allen Ginsberg and William S. Burroughs, who first met in New York in 1944 and shared an interest in spirituality and philosophy, as well as a critical attitude towards American society. There were also many later additions to the group, e.g. Neal Cassady in 1946, whose role was as an inspiration, a model for characters in novels and a correspondent rather than a writer, the novelist John Clellon Holmes in 1948, and many poets associated with the San Francisco Renaissance in 1955. Because many of the novels by the Beat Generation authors portrayed the use of drugs, the mass media reacted with far more intensity than a group of young authors would normally receive, implying a nexus to criminality and communism.

Initially, media alarms over “violence and criminality” fueled reactionary literary assessments, a frenzy that produced dismissive and often paranoid accounts of the new “bohemian” scene. The Beats met with an onslaught of vituperative attacks from the dominant institutions they had called into question. *San Francisco Chronicle* columnist Herb Caen added the suffix *nik* to the word *Beat*, making a connection with the recently launched Russian satellite *Sputnik*.<sup>3</sup>

This tendency to turn the Beats into an aspect of the Other was not limited to the press. “Films such as *The Beat Generation* (1959) and *The Beatniks* (1960) as well as a number of exploitative books depicted Beats as everything from junkies and delinquents to serial rapists and killers.”<sup>4</sup> This media reaction to a small group of countercultural authors had a profound effect on many later attitudes towards and perceptions of the group and the term

---

<sup>2</sup>NSOED, p. 526.

<sup>3</sup>John Lardas, *The Bop Apocalypse: The Religious Visions of Kerouac, Ginsberg, and Burroughs*, (Chicago: University of Illinois Press, 2001), p. 18.

<sup>4</sup>Lardas, *The Bop Apocalypse*, p. 19.

Beat<sup>5</sup>, despite attempts by members of the group to define what the term Beat Generation meant for them and to correct the negative image created by the media.

The Beat Generation, that was a vision that we had, John Clellon Holmes and I, and Allen Ginsberg in an even wilder way, in the late Forties, of a generation of crazy illuminated hipsters suddenly rising and roaming America, serious, curious, bumming and hitchhiking everywhere, ragged beatific, beautiful in an ugly graceful new way — a vision gleaned from the way we had heard the word *beat* spoken on street corners on Times Square and in the Village, in other cities in the downtown-city-night of postwar America — *beat*, meaning down and out but full of intense conviction. [...] It never meant juvenile delinquents; it meant characters of a special spirituality who didn't gang up but were solitary Bartlebies staring out the dead wall window of our civilization. The subterranean heroes who'd finally turned from the "freedom" machine of the West and were taking drugs, digging bop, having flashes of insight, experiencing the "derangement of the senses," talking strange, being poor and glad, prophesying a new style for American culture, a new style (we thought) completely free from European influences (unlike the Lost Generation), a new incantation.<sup>6</sup>

This quote shows that for the Beat Generation the use of drugs was just one of the experiences that were important for the development of the "new style". The experiences they sought were not limited to those they were associated with by the media representations of the 'beatniks,' which reduced them to hedonistic and irresponsible pleasure-seekers. "The Beats' emphasis on "kicks" was not just on "hipster" experiences of sexual ecstasy or altered consciousness but rather on the whole spectrum of experience—intellectual, sensual, emotional, and moral."<sup>7</sup>

Kerouac states that while the original "beat characters after 1950 vanished into jails and madhouses, or were shamed into silent conformity, the generation itself was short-lived and small in number"<sup>8</sup>, some aspects of their behaviour and style were imitated by the "Korean postwar youth". Yet there was only a minority among those who tried to imitate the original Beat Generation who actually shared the Beats' "special spirituality", who realised the countercultural dimension to the Beat Generation instead of seeing it as a mere fashion. The spiritual dimension was swamped by the media coverage of the 'newly discovered' young 'beatniks' after the publication of *On the Road* in 1957.

[...] so then what horror I felt in 1957 and later 1958 naturally to suddenly see "Beat" being taken up by everybody, press and TV and Hollywood

<sup>5</sup>"The term *Beat* is still degraded and contested, referring alternately to a pre-hippie youth movement and to almost any artist who had antiestablishment credentials and lived in or around New York City or San Francisco during the late 1950s." Lardas, *The Bop Apocalypse*, p. 19.

<sup>6</sup>Jack Kerouac, 'Aftermath: The Philosophy of the Beat Generation', *Good Blonde & Others*, (San Francisco: Grey Fox Press, 1993), p. 47. First published in *Esquire*, March 1958.

<sup>7</sup>Lardas, *The Bop Apocalypse*, p. 84.

<sup>8</sup>'Aftermath: The Philosophy of the Beat Generation', p. 48.

borscht circuit to include the “juvenile delinquency” shot and the horrors of a mad teeming billyclub New York and L.A. and they began to call *that* Beat, *that* beatific....<sup>9</sup>

In an earlier essay, Kerouac wrote about the Beat Generation’s relationship to drugs:

I don’t think the Beat Generation is going to be a moronic band of dope addicts and hoodlums. My favorite beat buddies were all *kind*, good kids, eager, sincere (“Now lend me five minutes of your time and listen to *every word* I’m going to say!”)... such tender concern! Such a pathetic human hope that all will be communicated and received, and all made well by this mysterious union of minds. The dope thing will die out. That was a fad, like bathtub gin. In the Beat Generation instead of an old Lost Generation champagne bottle intertwined in one silk stocking, you found an old benny tube in the closet, or an ancient roach in a dresser, all covered with dust. The dope thing was confined to a handful of medical metabolic junkies before it was given such publicity by the authorities. Then it got out of hand.<sup>10</sup>

Kerouac does not use “dope” here as a generalisation encompassing all drugs, but as a slang term for opiates, as his association of the term with “medical metabolic junkies” shows. He contrasts the term to the use of Benzedrine or marijuana, which to him were a ‘kick’ to be enjoyed and a source of experience. As I will show in my discussion of novels by Kerouac, he nonetheless took great care to write about the negative as well as the positive effects of drugs.

The Beat Generation’s attitudes to drugs and their quest for a new spirituality were a shaping influence on the counterculture of the mid 1960s and early 1970s, as Tom Wolfe points out in *The Electric Kool-Aid Acid Test*: “Straight people called them beatniks. I suppose the Beautiful People identified with the Beat Generation excitement of the late 1950s, but in fact there was a whole new motif in their particular bohemian status sphere: namely, psychedelic drugs.”<sup>11</sup> While Wolfe is correct about the influence of the Beat Generation, he is wrong in assuming that “psychedelic drugs” were new. Kerouac, Ginsberg and Burroughs all took psychedelics and wrote about their experiences, and one of the main attractions of drugs for the Beats was the possibility of experiencing psychedelic (i.e. mind manifesting) effects.

The representation in the media of the young people influenced by the Beat Generation as ‘juvenile delinquents’ paved the way for a shift in the media coverage of the countercultures. The counterculture of the 1960s and 1970s was no longer represented in the light of a generalised criminality, the more specific crime of using drugs became the

<sup>9</sup>Jack Kerouac, ‘The Origins of the Beat Generation’, *Good Blonde & Others*, p. 63-4. First published in *Playboy*, June 1959.

<sup>10</sup>Jack Kerouac, ‘Lamb, No Lion’, *Good Blonde & Others*, p. 53. First published in *Pageant*, February 1958.

<sup>11</sup>Tom Wolfe, *The Electric Kool-Aid Acid Test*, (London: Black Swan, 1989), p. 123.

new focal point. “Because the [Vietnam] war was going badly a scapegoat was needed. The counterculture and allied political dissent from the war effort were conflated under the rubric of drugs.”<sup>12</sup> This conflation creates what might be called an ‘ugly twin’ of a counterculture. Lenson comments on and debunks this

strategy [...] to elaborate “drugs” into a something even more sinister—a “drug culture.” This is portrayed as a unified social body that has grown up around the use of all drugs, and to which all users belong. In truth, no such thing exists. Users of illegal drugs may share a contempt for the laws that interdict their practices, but they haven’t much more than that in common. The effects of, say, heroin and amphetamines are so divergent that it is hard to imagine a frequency on which their users could communicate. The social rituals surrounding use also vary from substance to substance, as do the means and places of procurement and administration. And if legal drugs are thrown in with the others, then there is no difference whatever between the phrase “drug culture” and the word “culture” *tout court*. It might seem like a good idea to try to describe a distinct and specific culture for every psychoactive substance. But this would be just as ridiculous, since relatively few people use only one drug.<sup>13</sup>

The invention of a “drug culture” or the labelling of a counterculture as a drug-using group mainly serves the purpose of producing or enhancing a fear of these groups. However, one should not make the mistake of thinking that the singling out of drugs and their use as a constant threat to society was simply due to their illegal status and perceived otherness. For these countercultures drugs were not simply a cheap escape to an alternative mode of perception (probably less so for the Beats than for the later counterculture), but an impetus for change.

For the Beats, drug use did not so much reveal alternative realities as it allowed the formulation of alternative understandings of this one. Akin to what Emerson once called “self-cultivation,” expanding individual consciousness via drugs had definite social and political implications. Like the Transcendentalists before them, the Beats’ social vision was an appeal to a new form of religiosity, free from the infringement of the dominant institutions and standards.<sup>14</sup>

This “self-cultivation,” by effecting a rethinking of values and morals, was perceived by some as a threat to the status quo. Since it had its roots in a highly valued American tradition, a way of showing the difference between the counterculture and its ancestor was needed: the use of drugs could be presented as a deviancy that undermined their users’ authority. New ideas could be discredited as subversive if their originators were

---

<sup>12</sup>Lenson, *On Drugs*, p. 10.

<sup>13</sup>Lenson, *On Drugs*, p. 15.

<sup>14</sup>Lardas, *The Bop Apocalypse*, p. 98-9.

presented as undermining morality, or acting as ‘corrupters of youth.’ The representation of drug use in the works of the Beat Generation was therefore frequently interpreted as glorifying drugs and encouraging drug use in those thought to be most vulnerable. As my analysis of novels by the Beats will show, this accusation was not justified. Although the Beats used a variety of drugs, some experimentally, others more or less regularly, and they wrote about their experiences without regard for the moral standards of the majority, they did not create one-sided representations of drugs and their use, they tried instead to disseminate information about both the positive and the negative effects of drugs.

In this chapter I will examine how the Beats’ representations of drug use and drug users differ from the contemporary stereotypes in the media discourse and how the literary works by the Beats opposed the common conflation of drug use and addiction, and of the drug user and the addict.

## 4.2 “... some of the feel of what he was on most as he wrote it.” - Jack Kerouac’s Writing on Drugs

Most of the novels written by Jack Kerouac have an autobiographic background. They span most of his life, from early childhood in *Visions of Gerard*<sup>15</sup>, to the slow decay caused by his drinking problems in *Big Sur*<sup>16</sup>. There are several novels that deal with what probably was the most crucial and productive period in his creative career, the time after the formation of the embryonic Beat Generation in the mid 1940s (i.e. his meeting and becoming friends with Allen Ginsberg and William S. Burroughs) to the period of success and public acclaim after the publication of *On the Road*<sup>17</sup> and *The Dharma Bums*<sup>18</sup> in the late 1950s. He was eager to portray the Beat Generation not as a mere circle of friends, but as a movement with certain ideas and attitudes that distinguished them from the mainstream of society.

Because of this, his novels mirror two different sets of attitudes towards and perceptions of drugs and their use: the in-group attitudes, which reflect the first-hand experiences of the group members due to their use of and experimenting with several psychoactive substances, and the attitudes that they encountered in the mainstream of society, shaped by the media and the increasing criminalisation of drug use.

Kerouac himself took many different drugs. He frequently smoked marijuana and hashish and ate the papers contained in Benzedrine inhalers (to which he attributed his thrombophlebitis<sup>19</sup>) and during various phases of his life experimented with taking goofballs (i.e. barbiturates), peyote, opium, morphine and heroin. Yet the only large-scale problems that he had due to addiction and which were noted in his Biographies by Charters and Turner<sup>20</sup> were due to alcohol<sup>21</sup>. A certain mystification of his use of drugs has been caused by Ann Charters’ biography of Kerouac. There she states that his writing was directly influenced by what he was using at the time.

His euphoria was sustained by what he’d taken while writing it. Each of Kerouac’s books was written on something and each of the books has some of the feel of what he was on most as he wrote it. *On The Road* has a nervous, tense and benzedrine feel, even with the rewriting he had to put it through. With the drugs he’d used in *Doctor Sax*, Kerouac’s hallucinations spilled into

<sup>15</sup>Jack Kerouac, *Visions of Gerard*, (Harmondsworth: Penguin, 1991). First published in 1963

<sup>16</sup>Jack Kerouac, *Big Sur*, (London: Flamingo 1993). First published in 1962.

<sup>17</sup>Jack Kerouac, *On the Road*, (Harmondsworth: Penguin, 1991). First published in 1957.

<sup>18</sup>Jack Kerouac, *The Dharma Bums*, (London: Paladin, 1992). First published in 1958.

<sup>19</sup>Cf. Ann Charters, *Kerouac: a biography*, (New York: St. Martin’s Press, 1994), p. 59.

<sup>20</sup>Steve Turner, *Angelheaded Hipster: A Life of Jack Kerouac*, (London: Bloomsbury, 1996).

<sup>21</sup>Cf. Robin Burgess, ‘Kerouac, Alcohol, and the Beat Movement’ in Vice, Campbell & Armstrong, eds., *Beyond the Pleasure Dome: Writing and Addiction from the Romantics*, (Sheffield: Sheffield Academic Press, 1994), p. 225-30.

the prose. He thought the book was written in “a style truly hallucinated” as he wrote it all on marijuana and morphine.<sup>22</sup>

If this were true, one would have to expect the same “nervous, tense and benzedrine feel” in *Maggie Cassidy*<sup>23</sup>, the novel he wrote after finishing *Doctor Sax*<sup>24</sup>, which, according to Charters, was written “using benzedrine to keep himself working”<sup>25</sup>, but this novel is quite dissimilar in style to *On the Road*. The attribution of a certain style of writing to the use of a particular drug is a typical case of *post hoc, ergo propter hoc* reasoning. An author creates a book drawing upon the experiences in and of the world that he has, and if these experiences include the use of drugs, then it is likely that these experiences are also reflected in the book. Yet it is not a drug that gives a book a certain style or atmosphere, but the author. In *On the Road*, Kerouac chose to reflect the occasionally frenzied lifestyle of some of the characters in the style of the novel, while in *Maggie Cassidy*, with its theme of adolescent love, he chose a different style.

Nearly all the references to drugs in the novels of Kerouac can be found in those novels that are set in the mid-1940s to the late 1950s. Of the works dealing with the earlier periods of his life, only *Doctor Sax* has several passages that allow some conclusions about the attitudes towards and representations of drugs in the 1930s. The novel, first published in 1959, was written in 1952 in Mexico City, and, according to Charters<sup>26</sup>, deals with the years 1930-36.

There are three instances in the novel that mirror the attitudes towards drugs in the mid-1930s. In a passage about an old shop-owner, that man is referred to as

an old dissipate, I can't tell what kick, drug, drunk, illness, elephantiasis or whatall he had. There were rumours that he played with the dingdangs of little boys [...] obviously all lies but when I went in there to buy my candy I was mystified and horrified as if in an opium den. [...] The dens I imagined from *The Shadow* magazines that I bought there.<sup>27</sup>

His deviance remains unclear, but the sequence of possibilities suggests that the narrator believes that “drug” or “drunk” were placed in the same category as “illness”, i.e. a deviance from the norms of physical health. This seems to hint at a medicalised perception of his deviance. Yet in addition to this, child abuse as a sexual deviance is attributed by rumour to the old man, implying a moral as well as a physical decay. In the period when

<sup>22</sup>Charters, *Kerouac: a biography*, p. 159.

<sup>23</sup>Jack Kerouac, *Maggie Cassidy*, (Harmondsworth: Penguin, 1993). Written in 1953 and first published in 1959.

<sup>24</sup>Jack Kerouac, *Doctor Sax: Faust Part Three*, (New York: Grove Press, 1987). Written in 1952 and first published in 1959.

<sup>25</sup>Charters, *Kerouac: a biography*, p. 175.

<sup>26</sup>Charters, *Kerouac: a biography*, p. 404.

<sup>27</sup>*Doctor Sax*, p. 14-5.



the novel is set, there was a strong link between excess — be it in the form of heavy drinking or drug use — and moral decay, so the rumoured child abuse may be a sign of the perception of a general (a)moral basis to deviance. The narrator furthermore states that as a child he was “mystified and horrified as if in an opium den.” The opium den was commonly perceived as a place of deviance consisting not only of the use of opium, but also of moral deviance. The source of these associations is given as “*The Shadow* magazines”, a popular series of adventure and crime magazine. This allows the conclusion that the widespread belief in the amorality and criminality of drug use was created at least partly by this kind of pulp fiction.

In contrast to this, a legal use of drugs is presented in the character of the narrator’s uncle Mike: “it was Godawful the scene of marijuana-sheeshkabob cigarettes he smoked for his asthma, [...] —Uncle Mike bliazasting legal medical tea in his afternoons of gloom-special meditation—brooding by brown window drapes, sadness—”<sup>28</sup> This stands in stark contrast with the later representation of marijuana in the media during the “Reefer Madness” years, when it was portrayed as the “killer weed”. Here it is associated with sickness and gloom, and not with deviancy or crime. One reason for the different representations of 1930s attitudes towards opium, which had its medical uses too, and marijuana lies in their legal status: opium use had been criminalised in the US from the late nineteenth century onwards and had been illegal since the 1914 Harrison Narcotics Act, while marijuana was not prohibited until the 1937 Marijuana Tax Act.

The third passage that reflects mid-1930s attitudes towards drugs shows the mystification of drugs which is a process that had started with some late eighteenth century representations of drug use. A typical strategy of this mystification is the attribution of foreignness to drugs. Doctor Sax, a character who resembles a pulp-fiction hero — himself mysterious, but not due to any association with drugs — is talking to the young Jackie Duluo about a concoction with which he intends to destroy the evil “Snake of the World”.

In the nights I was every blessed time inveigled with some Indian or other type witch doctorin bastards to go into some mud alley in back of suspicious looking sewer holes dug in the ground, and come to some old Chinese wisdom usually with his arms hanging low from a big pipeful of World Hasheesh and has lazy eyes and says ‘you gen’men want some-theeng?’<sup>29</sup>

The oriental imagery in connection with drugs has already been discussed in the previous chapter. It serves to project the Otherness of the Orient onto the substance, and in doing so translates a fear of the Other into a fear of drugs.

A different, more modern kind of otherness, giving an insight into the attitude towards drugs at the time at which the novel was written, is used by the narrator when he

---

<sup>28</sup>*Doctor Sax*, p. 117-8.

<sup>29</sup>*Doctor Sax*, p. 214.

mentions a “cartoon editorial about storing up coal for the winter” and adds a comment: “(Depression Themes, now it’s atom-bomb bins in the cellar communist dope ring)”<sup>30</sup>. This comment is an early reference to the scaremongering that used both communism and drugs as an Other that was conveniently lurking in the shadows, an Other that could be feared because of its suspected presence within society. “The most useful sort of enemy must be capable not only of resembling but actually *being* one of the “real” people. Then the constant danger of impersonation can be stressed: the enemy imitating a real American, or the Other infiltrating the homeland unnoticed.”<sup>31</sup> An unspecified ‘dope’ or a generalising ‘drugs’ frequently served this purpose as an Other which was believed to be undermining society. In the ‘*Imitation of the Tape*’ section of *Visions of Cody*<sup>32</sup>, Kerouac vividly describes the atmosphere of generalised fear and distrust that he already experienced in the late 1940s and early 1950s.

What is it now, that a well-dressed man who is a plumber in the Plumber’s Union by day, and a beat-dressed man who is a retired barber meet on the street and think of each other wrong, as the law, or panhandler, or some such cubbyhole identification, worse than that, things like homosexual, or dope-fiend, or dope pusher, or mugger, or even Communist and look away from each other’s eyes with great tense movements of their neck muscles at the moment when their eyes are about to meet in the normal way that eyes meet on the street, and sometimes with their arm muscles all tense too from the feeling that there might have been contact, which arises from the vague abstract mental suspicion that there’s going to be a sudden fistfight or assault with deadly weapon intent, followed by the same old excuses when the moment of meeting is past and both parties realize it was just two fears meeting on the street, not two sacrifices, really to coin a phrase – or explain it that way. Looking at a man in the eye is now queer. Why else should you be looking at a man in the eye. If you want to find out if he’s going to cheat you, go ask his psychiatrist, he’s got all the records available.<sup>33</sup>

The fear that Kerouac describes is based on a suspicion of otherness: deviance from the sexual norm, drug use, criminality and Communism are presented as lingering suspicions that influence the interpersonal behaviour between unacquainted individuals. This distrust is criticised by Kerouac as a danger to normal human interactions, destroying community.

The Beats’ attitude towards psychoactive substances had little in common with the dominant discourses on ‘drugs’. Their self-perception as a counterculture, intent on presenting an alternative to the dominant ethics and aesthetics, made them approach psychoactive substances from a completely different angle.

---

<sup>30</sup>*Doctor Sax*, p. 76.

<sup>31</sup>Lenson, *On Drugs*, p. 9.

<sup>32</sup>Jack Kerouac, *Visions of Cody*, (London: Flamingo, 1995). Written in 1951-2 and first published in 1960.

<sup>33</sup>*Visions of Cody*, p. 301-2.

The Beats' experiences were given extraordinary depth through their personal beliefs, which did not merely interpret reality but shaped it as well. They began to live according to a discernible, albeit loose, ethical structure. Their actions—sexual openness, drug use, criminality, traveling, and madness—were not simply transgressions of the period's social and moral codes but physical enactments of a religious representation of the world.<sup>34</sup>

They differed fundamentally from the majority of their compatriots in being fascinated by the Other in many forms: petty criminals, sexual deviance, a nomadic lifestyle, 'mad' characters, as well as 'drugs'. Several novels by Kerouac, as well as many of the other writings by the Beats, exhibit a "mythification of social outcasts such as the Denver muse Neal Cassady and the Times Square hustler Herbert Huncke" that "reflected their desire to challenge the dominant ideological climate and participate in an alternative social reality."<sup>35</sup> While Kerouac frequently writes with a fascination about the 'hobo' and other outcast characters that he encountered during his travels, their portrayal in the novels is mostly superficial; the only "social outcasts" that he portrayed in some detail were those who were at least peripheral members of the Beats' circle of friends anyway. He knew most of the individuals that he used as the basis of his fictionalised characters reasonably well and did not invent the main characters in the novels dealing with the Beats' lives and experiences, but mainly modified names and places and slightly mythified these worldly characters, whose lifestyle often included the use of drugs.

I will now take a closer look at how certain drugs are presented and commented upon by the characters (including the first person narrators) in several of Kerouac's novels. I have chosen this structure (i.e. by substance) rather than one based on the novels in order to emphasise that the differentiations Kerouac made between the substances that he took and/or that he experienced the effects of in others were stable throughout most of his novels.

## Opiates

Kerouac expresses various attitudes towards opiates in his novels. The statements made by his narrators about their own use of opiates show an ambivalence, recording both positive and negative perceptions of the effects, yet make it clear that opiates do not belong to their favourite drugs. At the same time, the narrators' descriptions of opiate use by others are not judgemental because they accept the use as a matter of personal choice. I will first examine the representations of opiates used by the narrators and then those of opiate use by others.

---

<sup>34</sup>Lardas, *The Bop Apocalypse*, p. 7.

<sup>35</sup>Lardas, *The Bop Apocalypse*, p. 29-30.

In *Visions of Cody* there are two references to opiate use by the narrator Jack Duluo. In the first, he compares the intensity of the effects of the peyote he has taken to that of his experiences with opiates: “I never got so stewed and stoned since I took heroin and Dilaudid and all the big ass drugs of long ago before the harmless leaf.”<sup>36</sup> The opiates are not explicitly labelled dangerous, yet they are contrasted to “the harmless leaf” (i.e. marijuana). This quote implies that he has experimented with “big ass drugs”, yet prefers the less intensive effects of marijuana. There is no indication that the narrator, from his experiences, subscribes to the ‘instantaneous addiction’ paradigm that shaped much of the media discourse on opiates at the time. One of these experiments with opiates is referred to later in the descriptions of the narrator’s experiment with peyote.

‘Some people get high on nausea,’ I heard once, from Bull Hubbard I think, in the days when we lay side by side in twin beds with the shades drawn at midnight, and we’re fully dressed and have Syrettes of morphine stuck in our arms, relaxin and me thinkin I’m going to die and then I settle down to watching the Technicolor movie in my brain and the music and dancing girls and Masonic gilt churches for backdrops, with a Vermont red mill in the pond, and the ocean the way I first seen it all warm and I’m floatin over it on my back to Glenn Miller saxophone sections and Sarah Vaughan, bah, talking to rabbits, invoking God, [...].<sup>37</sup>

Certain elements of this experience—a felt proximity to death that is overcome and religious associations—reappear in the only passage in *On the Road* which implies that its narrator Sal Paradise has some personal experience with opiates. During what he calls “the beatest time of my life”<sup>38</sup> he experiences a personal epiphany: “And just for a moment I had reached the point of ecstasy that I always wanted to reach, which was the complete step across chronological time into timeless shadows [...].”<sup>39</sup> This epiphanic experience is compared to the effects of both heroin and alcohol: “I felt sweet, singing bliss, like a big shot of heroin in the mainline vein; like a gulp of wine late in the afternoon and it makes you shudder; my feet tingled. I thought I was going to die the very next moment.”<sup>40</sup>

Such associations of heroin with an entirely positive experience are rare in the works of Kerouac. The experiences with morphine that Kerouac recorded in *Tristessa* are more typical of his ambivalent relationship to opiates.

I WAIL ON my cup of hiball so much they see I’m going to get drunk so they all permit me and beseech me to take a shot of morphine which I accept without fear because I am drunk—Worse sensation in the world, to take morphine

---

<sup>36</sup>*Visions of Cody*, p. 386.

<sup>37</sup>*Visions of Cody*, p. 388.

<sup>38</sup>*On the Road*, p. 171.

<sup>39</sup>*On the Road*, p. 173.

<sup>40</sup>*On the Road*, p. 173.

when you're drunk, the result knots in your forehead like a rock and makes great pain there warring in that one field for dominion and none to be had because they've cancelled out each other the alcohol and the alkaloid. But I accept, and as soon as I begin to feel its warning effect and warm effect I look down and perceive that the chicken, the hen, wants to make friends with me—<sup>41</sup>

Here morphine is presented as an antidote to the intoxication caused by alcohol. The sensation is described as unpleasant, yet the “warning effect and warm effect” give the experience an ambivalence between positive and negative effects, an ambivalence that the narrator repeats later on:

Though the shot has done me some good and I haven't touched the bottle since, a kind of weary gladness has come over me tinged with wild strength—the morphine has gentlized my concerns but I'd rather not have it for the weakness it brings to my ribs,—I shall have them bashed in—“I don't want no more morphine after this,” I vow, and I yearn to get away from all the morphine talk which, after sporadic listens, has finally wearied me.<sup>42</sup>

Despite this vow, which is based on a dislike of the effects and not a general rejection of morphine as ‘bad’, the narrator uses morphine again. A year later, while in the company of Tristessa and Bull Gaines (William Garver) he takes morphine in the hope that he will enter the same frame of mind as the others: “Give me a shot of morphine so I can think the way you do.”<sup>43</sup> The narrator knows that, despite his experiences with morphine, he is not a junky and therefore an outsider with limited knowledge of opiate addiction, as the following quote, in which he fantasises about living an addict life with Tristessa, shows:

I can picture myself and Tristessa waking up in our nuptial madbed of blankets and dogs and cats and canaries [...] she shoots me in or I shoot myself in a big bang of waterycolored poison straight into the flesh of your arm and into your system which it instantly proclaims *its*—you feel the weak fall of your body to the disease in the solution—but never having been junksick, I don't know the horror of the disease—A story Old Bull could tell much better than I—<sup>44</sup>

In *Tristessa* Kerouac makes heavy use of a disease model of addiction which differs from the medical model employed by William S. Burroughs in *Junky* and *Naked Lunch*. While the medical model used by Burroughs is based on addiction as a physical phenomenon (e.g. the ‘morphine metabolism’ he postulates), Kerouac's disease model is closer to a ‘disease of will’ that sees addiction as a metaphorical ‘infection’. Morphine is referred to

---

<sup>41</sup>Jack Kerouac, *Tristessa*, (Harmondsworth: Penguin, 1992), p. 19. First published in 1960 by Avon Books.

<sup>42</sup>*Tristessa*, p. 36.

<sup>43</sup>*Tristessa*, p. 90.

<sup>44</sup>*Tristessa*, p. 49.

as a “waterycolored poison” or a “disease in the solution”. The disease model of addiction is only rarely used in Kerouac’s other novels and the strong emphasis on it in *Tristessa* is, as I will show in my discussion of the representations of opiate use by others in the novel, related to its motif of suffering.

The narrators in Kerouac’s novels leave no doubt that opiates are not the drugs of their choice. They are not addicted to opiates and show no fear of becoming addicted. This is due to Kerouac’s own experiences of both taking opiates himself without becoming addicted and observing others (mainly Burroughs) who were heavy users yet still managed to overcome addiction at least temporarily if they wanted to. These experiences also heavily influenced the representations of the drug use and addiction of other characters in his novels.

The distanced and unprejudiced way in which the narrator describes the morphine habit of Old Bull Lee (William S. Burroughs) in *On the Road* is remarkable. Instead of referring to the stereotypes common in the dominant discourses, his use of opiates is presented as a daily routine that, while having some detrimental effects, the narrator accepts matter-of-factly. Bull is introduced as a man who has travelled widely and has experimented with many different drugs: “He dragged his long, thin body around the entire United States and most of Europe and North Africa in his time, only to see what was going on; [...] there are pictures of him with the international cocaine set of the thirties—gangs with wild hair, leaning on one another”<sup>45</sup>. Kerouac uses some orientalist imagery in the descriptions of Bull’s travels (“In Istanbul he threaded his way through crowds of opium addicts and rug-sellers, looking for the facts.”<sup>46</sup>), yet these stereotypes are not applied to Bull, there is nothing oriental about him. His experiences are presented as a quest for knowledge, and likewise his use of drugs is explained as a part of this quest, not a hedonistic indulgence or a medical condition: “Now the final study was the drug habit.”<sup>47</sup> Descriptions of his drug-taking vary from graphic (“Bull was in the bathroom taking his fix, clutching his old black necktie in his teeth for a tourniquet and jabbing with the needle into his woesome arm with the thousand holes”<sup>48</sup>) to detached (“Suddenly he grew tired and quiet and went in the house and disappeared in the bathroom for his pre-lunch fix. He came out glassy-eyed and calm, and sat down under his burning lamp.”<sup>49</sup> or simply “Bull went in the bathroom for his afternoon fix.”<sup>50</sup>). While the use of morphine is accepted by the narrator without

---

<sup>45</sup> *On the Road*, p. 143.

<sup>46</sup> *On the Road*, p. 143.

<sup>47</sup> *On the Road*, p. 143-4.

<sup>48</sup> *On the Road*, p. 148.

<sup>49</sup> *On the Road*, p. 151-2.

<sup>50</sup> *On the Road*, p. 154.

criticism, he still records the detrimental effects on Old Bull Lee that he perceives: “It was early in the morning, his energy was at its peak. The poor fellow took so much junk into his system he could only weather the greater proportion of his day in that chair with the lamp burning at noon, but in the morning he was magnificent.”<sup>51</sup> There is no attitude of ‘*don’t do this*’ or ‘*be warned!*’, instead drug use is seen as a personal freedom that is thwarted by legislation: “Bull had a sentimental streak about the old days in America, especially 1910, when you could get morphine in a drugstore without prescription and Chinese smoked opium in their evening windows and the country was wild and brawling and free, with abundance and any kind of freedom for everyone.”<sup>52</sup> Bull is a character who does not fit the contemporary stereotypes of the junkie or the pusher, and he is quite conscientious about offering opiates to others: “That night Marylou took everything in the books; she took tea, goofballs, benny, liquor, and even asked Old Bull for a shot of M, which of course he didn’t give her; he did give her a martini.”<sup>53</sup>

Opiates play only a minor role in *On the Road*, most references to the use of drugs are about marijuana and will be discussed later. Apart from the descriptions of Bull Lee, only two other characters in the novel are mentioned in connection with opiates. “Elmer Hassel, the New York dope addict”<sup>54</sup>, who, in an anecdote told by Dean Moriarty, disappears during a visit to a town in Texas so that the others had “to go looking for him in every shooting gallery in town.”<sup>55</sup> During that same chaotic visit, “Carlo [Marx, i.e. Allen Ginsberg] was writing poetry on heroin.”<sup>56</sup> This is not commented on by any character, a further indication that the occasional use of opiates was not deemed negative by Kerouac, but rather perceived as a possible tool for writing experiments and a source of experience.

A similarly tolerant attitude towards opiates is present in *Visions of Cody*. Nearly all references to opiates are in the context of conversations where the interlocutors talk about events they witnessed and characters they know. In the only reference to opiates outside this kind of context, opium is used in a simile: “the speechless yearning to reach a hand across the abyss and in gentle self indulgence like that of the opium man across town behind drawn shades plop rich chocolates one by one into the mouth”<sup>57</sup>. The representation of opium use as a “gentle self indulgence” has more in common with De Quincey’s writings about the early stages of his opium-eating than with anything present in the contemporary discourses on opiates. The association of opiate use with crime had been well established and Kerouac had experienced the effects of the criminalisation of opiate use

---

<sup>51</sup> *On the Road*, p. 149-50.

<sup>52</sup> *On the Road*, p. 144-5.

<sup>53</sup> *On the Road*, p. 148.

<sup>54</sup> *On the Road*, p. 18. Elmer Hassel is the character representing Herbert Huncke in the novel.

<sup>55</sup> *On the Road*, p. 158.

<sup>56</sup> *On the Road*, p. 158.

<sup>57</sup> *Visions of Cody*, p. 108.

on members of the Beats' 'inner circle' ("1946 when everything blew up, when Bull went to jail for . . . possession"<sup>58</sup>) as well as on other individuals, e.g. "Phil Blackman" who is said to have been "Bull's big hero, the guy that got Bull going on junk" and who had committed suicide in jail after having been "picked up for possession"<sup>59</sup>.

While these effects of criminalisation are direct consequences of the prosecution of opiate use, there are also indirect consequences that affect and shape the behaviour of the user:

And she said 'Yes?' and we said, ah, 'Huck here?' She said 'No who are you?' Bull said 'I'm, ah, Bull Hubbard; I, ah, was sittin with him on One hundred and third Street and Broadway on a park bench, we were, ah, talkin about junk, thought we might pick up a little junk.' See Bull was naïve in those days, see, saying *junk*, and Vicky of course 'Looka him,' dug him right away<sup>60</sup>

Bull's behaviour is labelled "naïve" because he had not yet learned an important aspect of drug-related communication: never be direct about 'drugs', let alone speak their names or state the intention of acquiring them, when talking to a stranger. In communication with members of the group such timidity was not necessary, and in his novels Kerouac was not shy to include references to the use of drugs.

In the part of *Visions of Cody* that is said to be a transcription of his conversations with Neal Cassady and others in the Cassadys' home, there are several occasions where Kerouac has added comments on technicalities of the recording process, i.e. when the tape starts or stops, music that is audible in the background, gaps in the recording when the talk is inaudible or the original talk has been recorded over. These comments are usually very short, yet on one occasion Kerouac gives some details of what has been lost:

(TAPE RESUMES WITH CODY WHO HAS TOLD HOW HUBBARD ALMOST DIED TAKING AN OVERDOSE SHOT AT THE HOME OF THE WASHINGTON BRIDGE PAINTER AND LAY PALE AND SWEATING ON THE CHAIR AS EVERYBODY RAN AROUND FRIGHTENED)<sup>61</sup>

The fact that he gives a summary of the story that has been lost implies that Kerouac attached significance to it and that it therefore should be told, if only in abbreviated form. While Kerouac did not often refer to negative aspects of opiate use in *Visions of Cody*, he neither omitted them on purpose, as the inclusion of the above summary shows. There is an ambivalence in the attitudes expressed in the novel that was not present in the contemporary discourses on 'drugs'. While the dominant discourses were focused on the negative

---

<sup>58</sup>*Visions of Cody*, p. 223.

<sup>59</sup>*Visions of Cody*, p. 225.

<sup>60</sup>*Visions of Cody*, p. 226.

<sup>61</sup>*Visions of Cody*, p. 281.



aspects of opiate use, Kerouac portrayed both the positive and the negative effects without being judgemental.

*Tristessa* has a strong emphasis on the suffering caused by addiction to opiates. As already mentioned above when discussing the representations of opiate use by Kerouac's narrators, morphine addiction is presented as a disease: "Tristessa, she is so high all the time, and sick, shooting ten gramos of morphine per month,—staggering down the city streets yet so beautiful people keep turning and looking at her—" <sup>62</sup>. The portrayal of morphine addiction as a sickness makes the addict appear as the suffering victim of the disease or the substance itself and thus removes some of the responsibility for the continued use of the substance from the addict:

It makes me cry to realize Tristessa has never had a child and probably never will because of her morphine sickness (a sickness that goes on as long as the need and feeds off the need and fills in the need simultaneously, so that she moans from pain all day and the pain is real, like abcesses in the shoulder and neuralgia down the side of the head and in 1952 just before Christmas she was supposed to be dying), holy Tristessa will not be cause of further rebirth and will go straight to her God and He will recompense her multibillionfold in aeons and aeons of dead Karma time. She understands Karma, she says: "What I do, I *reap*" she says in Spanish—"Men and women have *errores*—errors, faults, sins, *faltas*," humanbeings sow their own ground of trouble and stumble over the rocks of their own false erroring imagination, and life is hard. She knows, I know, you know.—"Bot—I weeling to haff jonk—morfina—and be no-seek any more." <sup>63</sup>

The representation of morphine use as an "error" prevents the attribution of any serious guilt to Tristessa, as does the young age at which she became addicted ("At 16 she was an addict." <sup>64</sup>). Kerouac uses the common strategy of attributing an origin to Morphine which represents a culture that is Other to Tristessa's home:

THE WILD WAY Tristessa stands legs spread in the middle of the room to explain something, like a junkey on a corner in Harlem or anyplace, Cairo, Bang Bombay and the whole Fella Ollah Lot from Tip of Bermudy to wings of albatross ledge befeathering the Arctic Coastline, only the poison they serve out of Eskimo Gloogloo seals and eagles of Greenland, ain't as bad as that German Civilization morphine she (an Indian) is forced to subdue and die to, in her native earth. <sup>65</sup>

Kerouac reverses the usual perception of the Other as something that is inferior when compared to (Western) civilisation. Instead, (Western) civilisation is presented as the origin of the substance which is endangering the health and life of Tristessa.

---

<sup>62</sup>*Tristessa*, p. 10.

<sup>63</sup>*Tristessa*, p. 22-3.

<sup>64</sup>*Tristessa*, p. 12.

<sup>65</sup>*Tristessa*, p. 28.

The representation of opiates in *Tristessa* is the most negative in any of Kerouac's novels. Morphine is referred to as a poison<sup>66</sup> and there are descriptions of morphine being injected that are likely to be repulsive to the reader: "El Indio's eyedropper is completely full, he jabs in the needle hard and it's dull and it won't penetrate the skin and he jabs in harder and works it in but instead of wincing waits open mouthed with ecstasy and gets the dropful in, down, standing,—"<sup>67</sup>. The reader might also be similarly alienated by the description of the chaos and squalor in Tristessa's room as she "is bending over the spoon boiling morphine in it with a match boilerfactory."<sup>68</sup> While these negative representations are close to the contemporary 'junkie'-stereotype in the US, there are also instances where the narrator points out Tristessa's differences to the stereotypes ("Tristessa is a junky and she goes about it skinny and carefree, where an American would be gloomy—"<sup>69</sup>) or presents an approach towards opiate addiction, put into the mouth of Bull Gaines, that differs fundamentally from the criminalisation dominating the discourse on opiates in the 1950s' United States.

The problem of junkies, narcotic addicts bless their soul, bless their quiet thoughtful souls, is to get it—On all sides they're balked, they are continually unhappy—"If the government gave me enough morphine every day I would be completely happy and I would be completely willing to work as a male nurse in a hospital—I even sent the government my ideas on the subject, in a letter in 1938 from Lexington, how to solve the narcotic problem, by putting junkies to work, with their daily doses, cleaning the subways, anything—as long as they get their medicine they're all right, just like any other sick people—It's like alcoholics, they need medicine—"<sup>70</sup>

This quote could be read as Gaines presenting opiate addiction as a medical problem. Opiates appear to have an ambivalent role as both the source of the disease, and the cure. However, there are two levels of 'sickness' involved in opiate addiction: the addiction itself, which is prolonged by the use of opiates, and being "junksick," i.e. suffering from acute withdrawal symptoms. It is to the latter that Gaines refers, pointing out the important fact that opiate addicts could still be functioning members of society if the 'work' involved in acquiring opiates was diverted to useful tasks<sup>71</sup>. In a passage earlier in the text, Gaines has already emerged as an addict who differs fundamentally from the 'junky'-stereotypes:

Old Bull, far from floods and storms with his needles and his powders beside the bed and cottons and eyedroppers and paraphernalias—"When you got

---

<sup>66</sup>Cf. e.g. *Tristessa*, pp. 24, 49.

<sup>67</sup>*Tristessa*, p. 14.

<sup>68</sup>*Tristessa*, p. 18.

<sup>69</sup>*Tristessa*, p. 29.

<sup>70</sup>*Tristessa*, p. 66.

<sup>71</sup>Cf. Marlowe's statements about the perception of obtaining heroin as work, quoted on p. 154.

morphine, you dont need anything else, me boy,” he says to me in the daytime all combed and high sitting in his easy chair with papers the picture of glad health—“Madame Poppy, I call her. When you’ve got Opium you’ve got all you need.—All that good *O* goes down in your veins and you feel like singing Hallelujah!” and he laughs. “Bring me Grace Kelly on this chair, Morphine on that chair, I’ll take morphine.”

“Ava Gardner *too*?”

“Ava GVavna and all the bazotzkas in all the countries so far—if I can have my M in the morning and my M in the afternoon and my M in the evening before going to bed, I dont even need to know what time it is on the City Hall Clock—” he tells me all this and more nodding vigorously and sincerely. His jaw quivers with emotion. “Why for Krissakes if I had no junk I’d be bored to death, I’d die of *boredom*” he complains, almost crying—“I read Rimbaud and Verlaine, I know what I’m talking about—Junk is the only thing I want—You’ve never been junksick, you don’t know what it’s like—Boy when you wake up in the morning sick and take a good bang, boy, that feels good.”<sup>72</sup>

Bull Gaines differs from the other addicted characters in the novel because he talks about opiate use as something he chooses as an organising principle in his life. Unlike the narrator, Gaines does not represent addiction as a disease, but as a result of choice. Similarly, he attributes his preference for morphine over an attractive woman to choice, while the narrator presents morphine as the cause for a diminished sex drive: “morphine takes all the sex out of your parts and leaves it somewhere else, in your gut”<sup>73</sup>.

It is unusual to find an addict described as being “the picture of glad health”, which in the case of Bull Gaines has to be at least partly attributed to him getting “\$150 a month from a trust fund established by his father before he died”<sup>74</sup> which, due to the price of morphine being lower in Mexico than in the US, enables him to support his addiction. The positive description of Gaines’ health stands in contrast to another description of him as “thin, emaciated, long nosed, strangely handsome and gray haired and lean and mangy”<sup>75</sup> or of him and Tristessa as “bags of bones”<sup>76</sup>. These descriptions emphasise the negative effects of opiate use on health, as do those of a (stereo-)typical addict. While in what the narrator believes to be “the biggest junk den in Latin America”, he describes one of those present as “a typical junkey, that rugged tenderness, those rough and suffering features covered with a gray sick slick, the eyes certainly alert, the mouth alert, hat, suit, watch, spoon, heroin, working swiftly at shots”<sup>77</sup>. Once again, a suffering compatible with the notion of addiction as a disease is presented. This concept of addiction is also

---

<sup>72</sup>*Tristessa*, p. 48-9.

<sup>73</sup>*Tristessa*, p. 95.

<sup>74</sup>*Tristessa*, p. 64.

<sup>75</sup>*Tristessa*, p. 47.

<sup>76</sup>*Tristessa*, p. 96.

<sup>77</sup>*Tristessa*, p. 78.

present in the text when the narrator links addiction with madness.

Then I realize: “Cruz is a junkey too, uses three gramos a month, she’ll be on the same time and antenna of their dream trouble, moaning and groaning they’ll all three go through the rest of their lives sick. Addiction and affliction. Like diseases of the mad, insane inside encephalitis of the brain where you knock out your health purposely to fold a feeling of feeble chemical gladness that has no basis in anything but the thinking-mind—Gnosis, they will certainly change me the day they try to lay morphine on me. And on ye.”<sup>78</sup>

The narrator’s use of the term “Gnosis”, meaning “[a] special knowledge of spiritual mysteries”<sup>79</sup>, implies that he attaches a religious significance to the suffering caused by opiate addiction.

In *The Subterraneans*<sup>80</sup> opiate use is presented as being fashionable among the group of people after which the novel is named. The narrator, Leo Percepied, like most other central characters of the novel, is just a periphery member of that group. He does not use opiates. The representations of opiate users are unfavourable. In a conversation between Adam Moorad (the character representing Allen Ginsberg in the novel) and the narrator about Mardou, the woman with whom the narrator is in love, one of the ‘Subterraneans’ is said to be intent on becoming a junky:

[Adam:] ‘Well now let me – actually I tell you – she’s a whole lot and not a little crazy – she’s having therapy has apparently very seriously flipped only very recently [...] – and also other things, like the sensation of taking junk although she’s never had junk but only known junkies.’ – ‘Julien?’ – ‘Julien takes junk whenever he can which is not often because he has no money and his ambition like is to be a real junkey – but in any case she had hallucinations of not being properly contact high but actually somehow secretly injected by someone or something, people who follow her down the street, say, and is really crazy – [...]’.<sup>81</sup>

That being a junky is someone’s “ambition” implies that the person in question attaches positive associations to either the junky stereotype present in the dominant discourses on opiates, or to an in-group perception of opiate use. Opiate addiction is apparently not seen by Julien primarily as a danger to health, but as something with which to construct a desired identity. One aspect of this desired identity becomes apparent when a female character is described as “a woman of 25 prophesying the future style of America with short almost crewcut but with curls black snaky hair, snaky walk, pale pale junkey anaemic face and we say junkey when once Dostoevsky would have said what? if not ascetic or

<sup>78</sup>*Tristessa*, p. 36.

<sup>79</sup>*NSOED*, p. 1108.

<sup>80</sup>Jack Kerouac, *The Subterraneans*, (London: Flamingo, 1992). First published in 1958.

<sup>81</sup>*The Subterraneans*, p. 21-2.

saintly?’”<sup>82</sup> This implies that a certain fashionable style is associated with a junky ‘look’. A further attraction of opiates for Julien and others is due to its criminalisation. The use of an illegal substance can be a means of signifying a rejection of the morals and values dominant in society. This appears to be true for the ‘subterraneans’, as it was certainly true for the later punk subculture. The ‘subterraneans’ who use opiates are shown to reject community and replace it with a self-centred individualism which the narrator calls existentialism in a conversation with Mardou.

‘Those guys really treated you bad, do you know that?’ – ‘Yeah well they never treat anyone – like they never do anything – you take care of yourself, I’ll take care of me.’ – ‘Existentialism.’ – ‘But American worse cool existentialism and of junkies man, I hung around with them, it was for almost a year by then and I was getting, every time they turned on, a kind of a contact high.’<sup>83</sup>

The contact high, already referred to in the quoted conversation between the narrator and Adam Moorad, induces a fear in Mardou, resulting in her negative attitude towards opiate use. This negative attitude is also expressed by her in “solemn statements about bop, like, ‘I don’t like bop, I really don’t, it’s like junk to me, too many junkies are bop men and I hear the junk in it.’”<sup>84</sup>. The description given by the narrator of the circumstances in which Mardou has the sensation of contact highs is also negative.

She’d sit with them, they’d go on the nod, in the dead silence she’d wait, sensing the slow snake-like waves of vibration struggling across the room, the eyelids falling, the heads nodding and jerking up again, someone mumbling some disagreeable complaint, ‘Ma-a-n, I’m drug with that son of a bitch MacDoud with all his routines about how he ain’t got enough money for one cap, could he get a half a cap or pay a half – m-a-a-n, I never seen such nowhereness, no s-h-i-t, why don’t he just go somewhere and *fade*, um.’ (That junky ‘um’ that follows any out-on-the-limb, and anything one says is out-on-the-limb, statement, *um*, *be-um*, the self indulgent baby sob inkept from exploding to the big bawl mawk crackfaced W A A they feel from the junk regressing their systems to the crib.) – Mardou would be sitting there, and finally high on tea or benny she’d begin to feel like she’d been injected, she’d walk down the street in her flip and actually feel the electric contact with other human beings (in her sensitivity recognizing a fact) but some times she was suspicious because it was someone secretly injecting her and following her down the street who was really responsible for the electric sensation and so independent of any natural law of the universe.<sup>85</sup>

Opiate use is described here as a regression, quite different from “the final study” of Old Bull Lee in *On the Road*, or Bull Gaines in *Tristessa* embracing addiction as the organising

---

<sup>82</sup>*The Subterraneans*, p. 23.

<sup>83</sup>*The Subterraneans*, p. 36.

<sup>84</sup>*The Subterraneans*, p. 94.

<sup>85</sup>*The Subterraneans*, p. 36.

principle in his life. In the context of the “Subterraneans”, opiate use is presented as a meaningless habit.

Kerouac appears to have different sets of attitudes towards opiate use, depending on who the user is. When writing about characters he knows well, he usually depicts the narrator as tolerant regarding their opiate use, and only rarely describes them in a stereotypical fashion. This reflects the Beat Generation’s attitude towards drugs, which accepts their use as part of a personal quest for experience. When Kerouac writes about minor characters who use opiates he sometimes uses generalisations that comply with some of the stereotypes present in the dominant discourses on drugs. While this shows that he was certainly influenced by the dominant discourses, he knew better than to equate use with addiction or subscribe to the paradigms of instantaneous addiction and the impossibility to quit. His representation of opiates differs significantly from the media discourse that frequently labelled them ‘bad’ or ‘evil’: in most cases Kerouac refrained from value judgements and just wrote about the effects that he witnessed, the positive and the negative alike.

## Cannabis

There are many instances in the novels of Jack Kerouac where the narrator or other characters are either shown to smoke marijuana or report experiences they had while under the influence of it. While not all the experiences recorded are positive, there is no indication that he believed that it posed any dangers. Neither does he link marijuana with addiction, despite the media discourse on drugs<sup>86</sup> frequently proclaiming addiction to be one the dangers of marijuana. The narrator in *Visions of Cody* labels marijuana “the harmless leaf”<sup>87</sup>, and there are many references to it throughout the novel. The narrator frequently mentions being “on T”<sup>88</sup> and in the conversations between the narrator and Cody in the ‘tape’ section there are many references to their smoking marijuana<sup>89</sup>. In his introduction to the novel, Allen Ginsberg writes the following about the importance of marijuana in that section:

The entire tape section’s a set of nights on newly discovered Grass, wherein

---

<sup>86</sup>For examples of the media discourse see e.g.:

<http://www.druglibrary.org/schaffer/History/HISTORY.HTM>  
(for the 1940s and 1950s: <http://www.druglibrary.org/schaffer/History/1940.htm>  
and <http://www.druglibrary.org/schaffer/History/1950.htm>)  
or <http://users.lycaeum.org/~sputnik/Ludlow/madness.html> .

<sup>87</sup>*Visions of Cody*, p. 386.

<sup>88</sup>E.g. *Visions of Cody*, pp. 42, 55, 124.

<sup>89</sup>C.f. e.g. *Visions of Cody*, pp. 162 ff, 180, 191.

these souls explored the mind blanks impressions that tea creates: that's the subject, unaltered & unadorned – halts, switches, emptiness, quixotic chatters, summary piths, exactly reproduced, significant because:

(1) Vocal familiar friendly teahead life talk had never been transcribed and examined consciously (like Warhol 20 years later examined Campbell's Soup cans).

[...]

(6) It's art because at that point in progress of Jack's art he began transcribing *first* thoughts of true mind in American speech, and as objective sample of that teahead-high speech of his model hero, he placed uncorrected tape central in his book, actual sample-reality he was elsewhere rhapsodising.<sup>90</sup>

Because the characters view marijuana as a harmless substance, they almost completely disregard the dominant discourses which represented it as a 'dangerous drug'. There are only two references to it that show the effects of one aspect of its illegality: the criminalisation of the user, which affects the users of other illegal substances equally. One of the effects of a criminalisation is that it can produce a fear of being detected and punished, as Cody remembers in a conversation about Irwin Garden (i.e. Allen Ginsberg): "we was in this, this girl, this Josephine's house, there and everything, we was in the bathroom, everything locked up tight and the windows all shaded and everything, [...] and I got a roach and I'm blastin it, says 'Not so loud! not so loud!' you know (*laughter*) and everything ..."<sup>91</sup>

While creating such fear was an intended result of criminalisation, it also produced others that were diametrically opposed to the intentions. Cody tells of his joy of evading and fooling the controlling authorities:

All the time I had tea or something in the car, you know – so, I remember one night for some unknown reason or something, I was going to a show or something like that which ... I can't understand, but I had that whole ... ah, two jars, two Mason jars? quart Mason jars full of tea? and, ah, it was this open jeep you know that you can't lock, and so I parked her right there by my lot on, on Eighth and Forty – and Thirty-fourth, by the Hotel New Yorker there where I used to work, and I asked a policeman to please watch it, you know, the cop, see, and I'm saying 'I say officer, I'm worried about the – my jeep here, I'm worried about it, I'm goin to the show or something you know, and everything, and ah' – He said 'Oh I'll watch it, I'll keep an eye on it, kid, don't worry' – (*laughs*). Phew! (*laughter*)<sup>92</sup>

Cody's laughter is a result of "the pleasure that kindles at having to evade this power, flee from it, fool it, or travesty it."<sup>93</sup> This pleasure is an undesired (from the point of view

<sup>90</sup>*Visions of Cody*, p. 7-8.

<sup>91</sup>*Visions of Cody*, p. 274.

<sup>92</sup>*Visions of Cody*, p. 278.

<sup>93</sup>Michel Foucault, *The History of Sexuality: 1*, p. 45.

of the legislators) side effect of prohibition, it is a counter-force to most legal and social taboos.

In *On the Road*, the importance of the narrator's experiences connected with marijuana increases with the progression of the parts. In part one, marijuana is mentioned only twice. While stranded in Los Angeles, the narrator Sal Paradise is impressed with the great variety of unusual lifestyles that he encounters.

The beatest characters in the country swarmed on the sidewalks [...]. You could smell tea, weed, I mean marijuana, floating in the air, together with the chili beans and beer. [...] Everybody looked like Hassel. Wild Negroes with bop caps and goatees came laughing by; then long-haired brokendown hipsters straight off Route 66 from New York; then old desert rats, carrying packs and heading for a park bench at the Plaza; then Methodist ministers with raveled sleeves, and an occasional Nature Boy saint in beard and sandals. I wanted to meet them all, talk to everybody, but Terry and I were too busy trying to get a buck together.<sup>94</sup>

Up to this point in the novel, drugs have not played a major part. Benzedrine has been mentioned a couple of times<sup>95</sup>, and a character's similarities to "Elmer Hassel, the New York dope addict"<sup>96</sup> have been pointed out, but no drug use by the narrator himself has been portrayed. While in the other parts of the novel, representations of drug use by the narrator and the other Beats are frequent, 'Part One' of the novel exhibits a certain timidity in Kerouac to expose himself—via his narrator-persona Paradise—as a drug user, although his use of the slang terms *tea* and *weed* before the explanatory *marijuana* in the above quote points towards his familiarity with this drug. When, a few pages later in the novel, Paradise attempts to buy some marijuana, he is unsuccessful and is presented as foolish.

We went down to a chickenshack and played records on the jukebox. A couple of Negro characters whispered in my ear about tea. One buck. I said okay, bring it. The connection came in and motioned me to the cellar toilet, where I stood around dumbly as he said, "Pick up, man, pick up."

"Pick up what?" I said.

He had my dollar already. He was afraid to point at the floor. It was no floor, just basement. There lay something that looked like a little brown turd. He was absurdly cautious. "Got to look out for myself, things ain't cool this past week." I picked up the turd, which was a brown-paper cigarette, and went back to Terry, and off we went to the hotel room to get high. Nothing happened. It was Bull Durham tobacco. I wished I was wiser with my money.<sup>97</sup>

---

<sup>94</sup>*On the Road*, p. 85-6.

<sup>95</sup>C.f. *On the Road*, p. 6, p. 42.

<sup>96</sup>*On the Road*, p. 18.

<sup>97</sup>*On the Road*, p. 88.



The labelling of the connection's fear of being caught as absurd shows that the narrator is unimpressed by the illegality of marijuana. The absence of drug use by the narrator in 'Part One' may be due to Kerouac wanting to build up the character in such a way that would not make the reader biased against the narrator as a stereotypically unreliable drug user.

In part two, the narrator mentions having smoked marijuana in the context of a jazz concert<sup>98</sup>, leading to confusion, and tells of being given a stick of tea by Old Bull Lee in order to give him an appetite<sup>99</sup>. There are still no representations of the narrator actually smoking marijuana or detailed descriptions of the effects. An epiphanic experience had by Dean due to smoking too much "bad green, as it's called in the trade—green, uncured marijuana"<sup>100</sup> is described by him in part three. While it is unlikely that the effects described were caused by marijuana, they are presented as a spiritual experience which evokes religious connotations. The first day of the experience is 'paradisical' with Dean seeing "all kinds of wonderful technicolor visions", the second is a kind of personal revelation ("EVERYTHING I'd ever done or known or read or heard of or conjectured came back to me and rearranged itself in my mind in a brand-new logical way"), while the third is a 'purgatorial' and "terrible series of waking nightmares, and they were so absolutely horrible and grisly and green"<sup>101</sup>. The descriptions are balanced, showing both the positive and negative effects experienced by Dean.

Finally, in part four, the narrator himself is depicted using marijuana. While in a small Mexican town, Sal, Dean and Stan Shephard encounter Victor, a young man, who acts as their guide and gets some marijuana for them. They encounter an attitude towards marijuana which differs fundamentally from that in the USA:

"What about your mother?" Dean flinched. "What she say about marijuana."

"Oh, she get it for me."<sup>102</sup>

Dean expects that a mother would be opposed to the use of marijuana, but it is a culturally accepted substance in Mexico. And while in the USA it is consumed as 'sticks' or 'roaches' (i.e. in small quantities), in Mexico larger amounts are consumed.

Victor proceeded to roll the biggest bomber anybody ever saw. He rolled (using brown bag paper) what amount to a tremendous Corona cigar of tea. It was huge. Dean stared at it, popeyed. Victor casually lit it and passed it around. To drag on this thing was like leaning over a chimney and inhaling. It blew into your throat in one great blast of heat. We held our breaths and all

---

<sup>98</sup>*On the Road*, p. 128-9.

<sup>99</sup>*On the Road*, p. 145.

<sup>100</sup>*On the Road*, p. 184.

<sup>101</sup>*On the Road*, p. 184.

<sup>102</sup>*On the Road*, p. 282.

let out just about simultaneously. Instantly we were all high. The sweat froze on our foreheads and it was suddenly like the beach at Acapulco.<sup>103</sup>

In his description of the following events, the narrator mentions an adverse effect of marijuana. Seeing a woman on the street, he imagines that she is listening to what they say: “routine paranoid visions due to tea.”<sup>104</sup> An ensuing visit to a brothel links the use of marijuana with sexuality, a notion which had already been well established by the media discourse on marijuana. However, the description of the events in the brothel differs fundamentally from the many reports published in the 1940s and 1950s yellow press in the US that presented marijuana as the cause of violent sexual crimes. While the three travellers have strong sexual desires and act on them, they are not caused by marijuana, which is described as confusing them rather than fuelling their desire: “Dean was so stoned he didn’t know what to start with, girls or mambo.”<sup>105</sup> A dream-like quality of the episode is mentioned (“It was like a long, spectral Arabian dream in the afternoon in another life—Ali Baba and the alleys and the courtesans.”<sup>106</sup>), yet when the narrator hears “a baby wail in a sudden lull” he remembers that he is “in Mexico after all and not in a pornographic hasheesh daydream in heaven.”<sup>107</sup>

While the representation of marijuana in *On the Road* shows some similarities with the dominant media discourse on marijuana (i.e. mentioning it in the context of jazz and alternative lifestyles, associations with sexuality and orientalist imagery), it has by far more depth due to the narrator mentioning both positive and negative effects. He does not glorify marijuana, it is simply a drug he occasionally indulges in.

In *Tristessa*, marijuana plays only a very minor role and is mentioned in one paragraph only. The emphasis in the novel is on Tristessa and her suffering due to morphine and goofballs. The paragraph in question shows her in a rage caused by taking too many goofballs.

She accused me of being a filthy teahead, she ordered me out of Bull’s room, she tried to hit me with a bottle, she tried to take my tobacco pouch and keep it, I had to struggle with her—Bull and I hid the bread knife under the rug—She just sits there on the floor like an idiot baby, doodling with objects—She accuses me of trying to smoke marijuana out of my tobacco pouch but it is only Bull Durham tobacco for my roll-me-owns because commercial cigarettes have a chemical in them to keep them firm that damaged my susceptible phlebotic veins and arteries—<sup>108</sup>

---

<sup>103</sup> *On the Road*, p. 283.

<sup>104</sup> *On the Road*, p. 285.

<sup>105</sup> *On the Road*, p. 288.

<sup>106</sup> *On the Road*, p. 289.

<sup>107</sup> *On the Road*, p. 291.

<sup>108</sup> *Tristessa*, p. 67.

She has a negative attitude towards marijuana and wants to prevent the narrator from using it, yet the causes for this attitude remain unclear.

*The Dharma Bums* does not explicitly mention the use of marijuana at all, only a vague reference that could also refer to another psychoactive substance: “[...] and finally I ran into a bunch of evil Mexican Apaches of some kind who took me to their dripping stone pad and turned me on by candlelight and invited their friends and it was a lot of shadowy heads by candlelight and smoke.”<sup>109</sup> This is also the only occasion in the novel where the narrator is shown to have used a drug. The emphasis in the novel is Kerouac’s newly found Buddhist spirituality, which he probably did not want to compromise by frequent references to illegal psychoactive substances. The only time marijuana is actually mentioned in the novel is when the narrator returns from a prior visit to Mexico. He is suspected by the border guards to be a smuggler and is unsuccessfully searched by them: “It was funny, really; they were expecting a rucksack full of opium from Sinaloa, no doubt, or weed from Mazatlan, or heroin from Panama.”<sup>110</sup>

In *The Subterraneans*, “smoking pot”<sup>111</sup> is common. Marijuana is often used in groups and while most descriptions of marijuana use itself are devoid of the negative associations common in contemporary media discourse, the general attitude towards drugs in the novel is not very positive. The narrator claims that his virtues “had long been drowned under years of drugtaking and desiring to die, to give up, to give it all up and forget it all”<sup>112</sup>. And although the use of marijuana in a subculture in which some individuals see the use of opiates as fashionable may link the two to the superficial reader, there is a significant difference in the effects of opiates and marijuana on the group which shows that Kerouac clearly distinguished between them. The introduction of the character Larry O’Hara as “a crazy Irish young businessman of San Francisco with Balzacian backroom in his bookstore where they’d smoke tea and talk of the old days of the great Basie band or the days of the great Chu Berry”<sup>113</sup> presents the use of marijuana matter-of-factly and in a positive context which is absent from all representations of opiate use in the novel. And in contrast to the self-centred individualism of characters under the influence of opiates, the use of marijuana is communal. A certain ‘etiquette’ of use has developed among the group. The rolling of “sticks” for someone else is a friendly act which is comparable to bringing that person a beer from the fridge. The narrator did not know this custom when he was a newcomer to that group:

So we all did go to Larry’s and Julien sat on the floor in front of an open

---

<sup>109</sup>*The Dharma Bums*, p. 131.

<sup>110</sup>*The Dharma Bums*, p. 108.

<sup>111</sup>*The Subterraneans*, p. 15.

<sup>112</sup>*The Subterraneans*, p. 17.

<sup>113</sup>*The Subterraneans*, p. 13.

newspaper in which was the tea (poor quality L.A. but good enough) and rolled, or 'twisted' as Jack Steen, the absent one, had said to me the previous New Year's and that having been my first contact with the subterraneans, he'd asked to roll a stick for me and I'd said really coldly 'What for? I roll my own' and immediately the cloud crossed his sensitive little face, etc., and he hated me – and so cut me all the night when he had a chance – but now Julien was on the floor, crosslegged, and himself now twisting for the group and everybody droned the conversations which I certainly won't repeat, [...].<sup>114</sup>

Another convention apparently is that "puffs" are being "passed around Indian style"<sup>115</sup>. No stigma is attached by the narrator to marijuana use, nor does he mention general adverse effects. The only negative statements about it are connected with an individual's experiences with it and the narrator is clear about marijuana use not agreeing with everybody or being appropriate in every situation. While trying "to come close with Mardou and involved and making her that very first night" he feels that having smoked marijuana impedes his chances: "but with the puffs which made me pray reverently and in serious secrecy for the return of my pre-puff 'sanity' I became extremely unselfconfident, overtrying, positive she didn't like me, hating the facts –"<sup>116</sup>. Mardou in particular is shown to occasionally 'flip' due to her use of marijuana, resulting in fear: "Her own little stories about flipping and her minor fugues, cutting across boundaries of the city, and smoking too much marijuana, which held so much terror for her [...]."<sup>117</sup> She also tells of a friend who 'flipped' due to marijuana<sup>118</sup>.

However, such bad experiences with marijuana do not result in any condemnation of or warning against the use of marijuana. This may be due partly to the knowledge that such effects are the exception rather than the norm with users of marijuana, and partly to his own experiences of 'flipping' after using Benzedrine. In the case of Mardou, the 'flipping', while sometimes being triggered by the use of marijuana, is not said to be caused by it: "she's a whole lot and not a little crazy – [...] has apparently very seriously flipped only very recently, something to do with Julien, has been having therapy but not showing up"<sup>119</sup>.

The attitude towards marijuana in Kerouac's novels is predominantly positive. While most of the experiences described are presented as positive, he does not glorify marijuana, the negative experiences had by some characters due to marijuana are also mentioned. In contrast to the contemporary media discourse on marijuana, he does not link it with

---

<sup>114</sup>*The Subterraneans*, p. 16-7.

<sup>115</sup>*The Subterraneans*, p. 19.

<sup>116</sup>*The Subterraneans*, p. 19.

<sup>117</sup>*The Subterraneans*, p. 28.

<sup>118</sup>Cf. *The Subterraneans*, p. 29-30.

<sup>119</sup>*The Subterraneans*, p. 21.

addiction or violence in any of his novels, debunking the myth of the ‘marijuana addict’ that was the result of the cooperation between the media and Anslinger’s FBN.

## Benzedrine

Benzedrine is frequently mentioned in Kerouac’s novels. This is no surprise since he readily admitted taking it and also used it to create a myth about his writing, namely emphasising the three weeks during which he wrote the original teletype-roll manuscript of *On the Road*, using “Benzedrine to stay awake”<sup>120</sup>, and neglecting to mention the re-writing and editing processes. In contrast to his writings about marijuana, Benzedrine is explicitly linked with addiction. When asked by Dean Moriarty (Neal Cassady) on one of their first meetings about how to become a writer the narrator feels unqualified to give any advice, saying “what do I really know about it except you’ve got to stick to it with the energy of a benny addict.”<sup>121</sup> Benzedrine being a stimulant, attributing “energy” to a Benzedrine addict is logical. The aspect of Benzedrine conferring energy to the user is also present when Carlo Marx tells the narrator of spending entire nights talking with Dean: “We’re trying to communicate with absolute honesty and absolute completeness everything on our minds. We’ve had to take benzedrine.”<sup>122</sup> The narrator distinguishes between this kind of goal-directed use and excessive or addicted use. The effects of excessive use are mentioned early in the novel, the narrator reporting that Carlo told Dean about “Jane wandering on Times Square in a benzedrine hallucination, with her baby girl in her arms and ending up in Bellevue.”<sup>123</sup> Jane, Old Bull Lee’s wife, is depicted as a Benzedrine addict, “gobbling up about ten dollars’ worth of benny tubes a week.”<sup>124</sup> When the narrator and others visit Bull Lee on their travels, she is reported to be imagining a fire in the distance and the amount of her Benzedrine use as well as other negative effects are mentioned explicitly: “in those days she ate three tubes of benzedrine paper a day. Her face, once plump and Germanic and pretty, had become stony and red and gaunt.”<sup>125</sup> Negative effects of Benzedrine are also mentioned by the narrator of *The Subterraneans* when he tells Mardou that he had “flipped on benny in 1945”<sup>126</sup>, experiencing paranoia and a fear of being killed.

Despite the knowledge about possible addiction and negative effects Kerouac apparently continued to use Benzedrine at least periodically throughout his life. The narrator

<sup>120</sup> Ann Charters, ‘Introduction’ in Kerouac, *On the Road*, (Harmondsworth: Penguin, 1991), p. xx.

<sup>121</sup> *On the Road*, p. 6.

<sup>122</sup> *On the Road*, p. 42.

<sup>123</sup> *On the Road*, p. 8.

<sup>124</sup> *On the Road*, p. 143.

<sup>125</sup> *On the Road*, p. 142.

<sup>126</sup> *The Subterraneans*, p. 36.

in *Visions of Cody* mentions Benzedrine in the context of his preparations for a journey to visit Cody: “Have fifty-five dollars with which to hitch to Frisco starting *matin* – no bus – okay – and fifteen dexies, five bennies –”<sup>127</sup>. This supply is obviously deemed insufficient by him, a page later he makes the following statement: “Last night got hi with Danny, bought plenty dexies, bennies, all set to go.”<sup>128</sup> The use of Benzedrine to stay awake for prolonged periods is also mentioned by the narrator of *The Dharma Bums* in a parenthesis:

(after hitchhiking the rest of the way from Santa Barbara in one long zip-ping ride given me, as though anybody’ll believe this, by a beautiful darling young blonde in a snow-white strapless bathing suit and barefooted with a gold bracelet on her ankle, driving a next-year’s cinnamon-red Lincoln Mercury, who wanted benzedrine so she could drive all the way to the City and when I said I had some in my duffel bag yelled ‘Crazy!’)<sup>129</sup>

This episode is told in more detail in ‘Good Blonde’, where he calls Benzedrine “holy Benny”<sup>130</sup>.

In the ‘Tape’ section of *Visions of Cody*, the narrator and Cody talk about their first experiences with Benzedrine. The narrator’s first use of Benzedrine is rather careless, taking two strips of Benzedrine within three hours<sup>131</sup>, leading to confusion and disorientation: “I got so high, with her, on Benzedrine, that I didn’t know where I was, and I said ‘Are we in St Petersburg, Russia?’ ”<sup>132</sup> He does not tell of having asked about the effects, he just takes it when it is offered to him. In contrast, Cody approaches Benzedrine with caution. Hearing an acquaintance mention that “fellas back East take this Benzedrine”, he is curious and wants to learn about it:

[...] and I said ‘What’s *that*?’ He said – he said ‘Oh that’s – you buy it in a drugstore, you go down, ask for a tube of Benzedrine –’ and I said, like I always do about directions and everything, I said ‘What’s that now, ah, Benzedrine inhaler?’ ah, you know, and got all the ... information straight, see, and he said –

[...]

Yeah – oh yeah, so ‘Go ahead and try it’ he said, ‘but don’t take more than half a strip or at the most one strip, but don’t take a half a strip, especially at the beginning and everything’<sup>133</sup>

Unlike the narrator, he admits being excited at the prospect of trying out Benzedrine:

---

<sup>127</sup>*Visions of Cody*, p. 137.

<sup>128</sup>*Visions of Cody*, p. 138.

<sup>129</sup>*The Dharma Bums*, p. 12.

<sup>130</sup>Jack Kerouac, ‘Good Blonde’, *Good Blonde & Others*, p. 8. First published in *Playboy*, January 1965

<sup>131</sup>Cf. *Visions of Cody*, p. 227.

<sup>132</sup>*Visions of Cody*, p. 229.

<sup>133</sup>*Visions of Cody*, p. 228.

[...] so that day I did ... buy the tube of Benzedrine, and I remember I was very ... oh, not frightened exactly or anything like that but I *was* a little bit wary, but not because of fear, or not because what would happen to me, but – actually I’ll tell you what it was, it was an excitement, it was an anticipatory ... sense of I was going to try something new, that’s what it was, see, so I postponed it and stood around on the – actually I was sitting on the poolhall bench, that’s where I took it, in the poolhall, see –<sup>134</sup>

When he finally takes the Benzedrine, he follows the instructions previously given to him about the dosage and also sticks to the suggestions when taking it on other occasions: “And I got high, and after that I took it regularly, not regularly, no – ah, I, after that I, say, three or four times that summer, but never in great quantity or anything –”<sup>135</sup>

In the ‘Tape’ section, one of the less spectacular side-effects of Benzedrine is also presented.

JACK. I’ll go take a piss, huh?

CODY. Yeah. Just did, didn’t you?

JACK. Yeah I did

CODY. Geez. Benny affects me, yeah, the same way ...<sup>136</sup>

The diuretic side-effect of Benzedrine is hardly ever referred to in literature, and is present here only because of the ‘transcription’ style of the ‘Tape’ section.

While Kerouac does not explicitly warn against using Benzedrine, it is clear from its representation in the novels that it should be used cautiously. One has to bear in mind that Benzedrine inhalers were freely available at the time and it had not acquired the negative stigma of a ‘drug’ in the media discourses. Therefore he does not write against a dominant stream of ‘wrong’ representations in the media, as he did in the case of marijuana, but rather contributed to the creation of a discourse on amphetamines as substances that could be used for pleasure if used with caution.

## Barbiturates

Usually referred to as “goofballs” in Kerouac’s novels, Nembutal and Secanol are mostly presented in a negative light. In *Visions of Cody*, Cody tells the narrator that, at some time in the past, Nembutal was “what that Huck was hungup on then, he was vicious too on that stuff –”<sup>137</sup>. That Huck is referred to as being “hungup” on Nembutal implies that he was addicted to the substance, the negative effects of this on him are mentioned explicitly.

<sup>134</sup> *Visions of Cody*, p. 228-9.

<sup>135</sup> *Visions of Cody*, p. 228-9.

<sup>136</sup> *Visions of Cody*, p. 215.

<sup>137</sup> *Visions of Cody*, p. 158.

Cody's own experiences with the substance are not pleasurable either, the sedative effect causing him to be dysfunctional<sup>138</sup>.

Nembutal is shown to have a debilitating effect on the user, no pleasant effects are described. That there probably is some effect to Nembutal that can be perceived as positive can be derived from the 'advice' given in *The Subterraneans* by narrator Leo Percepied to Ross Wallenstein<sup>139</sup>. The 'advice' also includes a warning not to take too large a dose. The risks of overdosing on Seconal are referred to in *Tristessa*. In 'Part Two' the narrator is told by Bull that Tristessa has changed for the worse because of using barbiturates:

“Goofballs—I told her not to take too many—You know it takes an old junky with may years of experience to know how to handle sleeping pills,—she wont listen, she dont know how to use em, three, four, sometimes five, once twelve, it's not the same Tristessa—[. . . ]”<sup>140</sup>

While warning against barbiturates, Bull nonetheless takes them himself and the narrator describes the effects of him taking too large a dose:

IT ALL STARTED out with Bull being out of morphine, sick, a little too many goofballs he'd taken (secanols) to make up for the morphine lack and so he is acting like a baby, sloppy, like senile, [. . . ]<sup>141</sup>

[. . . ] So he comes sleep in my new room bed, with clean sheets, forgets that he's already taken two goofballs and takes two more and thereupon goes blind, cant find his cigarettes, gropes and knocks down everything, pees in the bed, spills coffee I bring him, I have to sleep on the floor of stone among bedbugs and cockroaches, I revile him all night poutingly: “Look what you're doing to my nice clean bed”<sup>142</sup>

This description is likely to evoke revulsion in the reader. Despite the loss of control Bull later claims that, having “been a junky for forty years”<sup>143</sup>, he knows how to take barbiturates. This kind of self-delusion is not mentioned by Kerouac in connection with any other psychoactive substance.

While other psychoactive substances are represented in his novels as having both their positive and negative sides, no positive experiences due to barbiturates are described. Barbiturates are represented as debilitating and hazardous, and its effects on opiate-using characters in *Tristessa* are worse than those produced by opiates.

---

<sup>138</sup>Cf. *Visions of Cody*, p. 174.

<sup>139</sup>Cf. *The Subterraneans*, p. 53.

<sup>140</sup>*Tristessa*, p. 64.

<sup>141</sup>*Tristessa*, p. 67.

<sup>142</sup>*Tristessa*, p. 68.

<sup>143</sup>*Tristessa*, p. 68.



## Peyote

Kerouac mentions peyote in two of the novels discussed here. The narrator's representation of a poetry reading at the "Gallery Six" in *The Dharma Bums* includes "Francis DaPavia" reading "the poems of his dead chum Altman who'd eaten too much peyote in Chihuahua (or died of polio, one) [...]." <sup>144</sup> While the actual cause of death remains uncertain, it is clear to the reader that peyote can be dangerous. In contrast, Alvah Goldbook (the character representing Allen Ginsberg in the novel) states that Japhy Ryder's use of peyote is one of the things that make him interesting <sup>145</sup>.

Unlike the other illegal psychoactive substances discussed here, peyote had no long history of being stigmatised by the discourse on 'drugs'. This, as well as the representation of peyote as a 'visionary' substance (an opinion which was later shared by many individuals of the 1960s and 1970s counterculture), made it fit in with the novel's emphasis on spirituality, which made Kerouac exclude other references to the use of illegal psychoactive substances by the main characters. Nonetheless, neither the narrator, nor any other characters apart from Ryder, are represented as expressing an interest in taking peyote.

In the 'Imitation of the Tape' section of *Visions of Cody*, peyote is presented as both dangerous and producing experiences of a religious nature in the user. In a part of the section which emulates the more abstract conversations of the 'Tape' section, the imitated Cody mentions an Indian who has a religious vision while "dying on peyotl" <sup>146</sup>. The different spelling of peyote used in *Visions of Cody* emphasises the fact that its use originated in cultures different to those of the majority of US-Americans, as does the representation of its use by an Indian.

Both the perception of an 'Indianness' of peyote and the dangers of peyote are featured when the narrator describes the effects of peyote on him. The narrator claims to be "of the race of the Indian" because of his "Iroquois grand-mamama in the North Gaspé, 1700" <sup>147</sup>. However, while the narrator is experiencing more pronounced effects than Cody, his Indian ancestry does not make the experience an altogether pleasant one:

'Cody! this is the end of the heart, these green crabapples in your belly have a toxin in their tree' – it didn't occur to me cactus was poison and shoulda looked at those needles close, cactus with his big lizard hide and poison hole buttons with wild hair, grooking in the desert to eat our hearts alive, ack – 'This shit'll kill you, this is no ordinary shit, the Indians who eat this haven't long to live, this thing is the realization of suicide, your mind tells you how

<sup>144</sup>*The Dharma Bums*, p. 16.

<sup>145</sup>Cf. *The Dharma Bums*, p. 29.

<sup>146</sup>*Visions of Cody*, p. 366.

<sup>147</sup>*Visions of Cody*, p. 387.

you can die, take your pick; I see,' I told Evelyn 'how I can go out tonight and blow this horn at the top of my lungs with all my might all night I could die, I would die.'

'Would you know just before?' she asks me.

'No – yes – I think so – of sure, but this stuff is so horribly powerful that you'd do it if you just felt like it. That's what John Parkman did, committed suicide on Peyotl, the new sleeping pill, from Tragic Carol to Sad Hip John, wow –' I'm telling her anything, everything, and all of it is true and ringing in the air just like now with you and me, and Evelyn's a little sceptical –<sup>148</sup>

Again, peyote is presented as dangerous, the danger being attributed to a perceived toxicity and an increased probability to commit suicide. Despite the narrator's belief that peyote is dangerous, it is also described in positive terms: "the peyotl is so potent, so all-giving, so nerve-wrackingly beautiful and sometimes so nauseating."<sup>149</sup> The experience is significant to him, with peyote not only affecting his mind and the perception of his rational thoughts ("I think I understood everything at last, I must have, ever since I've been unable to get high on T any more because nothing has the quality of surprise after the knowledges of the cactus plant."<sup>150</sup>), but also his soul:

Meanwhile I'm sittin there on the bed I sleep on, with the horn around my neck, and a stick a tea in my mouth, thinkin about girls, looking at dirty pictures, feeling nauseated, holding myself up, my stomach atremble, my heart beating out of control, my mind quivering from the activity of the soul below, that pragmatic flesh in your regions of the heart and belly (and afraid to lie still and see visions,) my eyes shifting planes of ceiling on me, [. . .].<sup>151</sup>

It is noteworthy that the narrator does not confuse an altered visual perception of his surroundings with true hallucinations ("visions"). He also realises that the effects of peyote, especially the perceived ability to understand everything, can be interpreted as symptoms of madness.

'Damn, I know all the secrets of high, har me? – it can't miss, nosiree –' Because Cody is not listening, only suddenly the peyotl makes him say, 'What was that you said Jack?' And I can't remember; but on peyotl all I gotta do is look back in my mind, like I look back on this page, to know what it was I said. 'I know all the secrets about how to get hi and stay hi and understand everything all the time, and they say that's to be crazy, and I'm crazy now, I know I'm crazy now. But I made a speech, didn't I Cody?'<sup>152</sup>

That their behaviour deviates from the norm is also realised by Cody's children: "The children are utterly amazed at us all day long, they don't dare speak a word, or touch, as

---

<sup>148</sup> *Visions of Cody*, p. 386.

<sup>149</sup> *Visions of Cody*, p. 388.

<sup>150</sup> *Visions of Cody*, p. 386.

<sup>151</sup> *Visions of Cody*, p. 387.

<sup>152</sup> *Visions of Cody*, p. 387.

if we was cactus and we're stoned to the bone goopin at the moon on the couch with arms hangin and tongues hung."<sup>153</sup>

Despite the significance of the experience to the narrator, he has no ambitions to repeat the use of peyote in the near future: "So much for peyotl, in another epoch it'll get you high again."<sup>154</sup> He also exhibits an understanding of the nexus between the prohibition of a substance and the creation of an interest in the substance, which was unusual at the time. In addition, he questions the usefulness of legislating against altered states of consciousness: "Peyotl is legal at this time, (February 1952) unless the law intervenes and makes it famous by giving it publicity and so everybody starts growing cactus on their back porches and poisoning themselves. But they've got to learn."<sup>155</sup>

While the use of peyote is presented as an important experience for him, he is aware that careless use of the substance can pose a danger. And although the text may make the reader curious to experiment with peyote, he is frequently warned that doing so can be very dangerous.

## Summary

The use of drugs is a frequent topic in the novels of Jack Kerouac. Despite the fact that he portrayed both the positive and negative effects of drugs, the novels were frequently presented in the media as being 'pro-drug'. This was due to the dominant media and juridical discourses in the early and mid-twentieth century being strictly 'anti-drug' and opposed to any deviations from the accepted discursive framework. The depiction of the use of drugs in literature was only acceptable if the use was shown to be 'bad' by at least one of the following strategies: (1) some characters are shown to condemn or ridicule the use; (2) characters of the 'redeemed addict' type are represented<sup>156</sup>; or (3) the use is shown to lead to the downfall of the user<sup>157</sup>. Since Kerouac, as well as the other Beats, believed in the use of drugs as a source of experience in a personal quest for knowledge, he was unwilling to proclaim the 'badness of drugs' for the sake of preventing criticism or ostracisation. He nonetheless did not glorify them: when he knew a substance to have detrimental effects, he wrote about them. The use of drugs is not actively encouraged by the characters in the novels, at least not without a subsequent warning against exceeding a recommended dose or a description of negative effects.

---

<sup>153</sup>*Visions of Cody*, p. 387.

<sup>154</sup>*Visions of Cody*, p. 388.

<sup>155</sup>*Visions of Cody*, p. 388.

<sup>156</sup>This is the case in *Diary of a Drug Fiend* and *Underworld of the East*, where the narrators are shown to have stopped using drugs in the end.

<sup>157</sup>As in *The Man with the Golden Arm*.

Kerouac did not use a coherent model of addiction in his novels. Even the addicted use of opiates is represented as a matter of choice. The only exception can be found in *Tristessa*, where he makes use of a disease model of addiction that is compatible with the suffering of Tristessa as the main motif of the novel, which demands that the guilt commonly associated with using drugs has to be diverted from her by describing her as the victim of opiates rather than being herself responsible for the suffering.

While open criticism of the dominant discourses on drugs is rare in his novels, they nonetheless belong to a counter-discourse. His balanced descriptions of use are incompatible with the outright rejection and vilification of drugs that were the basis of the dominant discourses once the juridical discourse had evolved into the ordering super-discourse.

### 4.3 The Junky Beat - William S. Burroughs and Drugs

William Seward Burroughs (1914 – 1997) is the author who probably is most frequently associated with writing on drugs. However, only his first novel *Junky*, has drugs, in particular opiates, and addiction as its main subject. Due to this emphasis on opiates, this novel has already been discussed<sup>158</sup> in the context of other literary representations of opiate users. In the novels discussed in this section, drugs have a subordinate role, but are nonetheless frequently used to call into question many elements of the dominant discourses on drugs. In *Naked Lunch*<sup>159</sup> (1959) and, to a lesser degree, in *The Soft Machine*<sup>160</sup> (1961) representations of drugs and their use are predominantly used as metaphors for control and need. *Cities of the Red Night*<sup>161</sup> (1981) shows different types of users and marks a shift away from representing opiate use solely in terms of need. In *The Western Lands*<sup>162</sup> (1987) opiates are presented mainly as a source of pain relief and are used by some of the characters for this purpose, while in *My Education: A Book of Dreams*<sup>163</sup> (1995) opiate use is occasionally mentioned in a casual way in the narrator's dreams.

*Naked Lunch* is a verbal tour de force that presents the reader with a nightmarish world in which things that were considered deviant at the time are the norm. The Other is ever-present: otherness of addictions to real and fictional psychoactive substances, the sexual Other in detailed descriptions of homosexual acts, excessive violence (e.g. ritual hangings) that defy 'civilisation' and 'reason', and the seemingly arbitrary intrusions into the private by Kafkaesque authorities that the communist Other was suspected of. In addition, Burroughs' use of cut-up and collage techniques makes the novel a hard-to-digest fare. However, all of this, together with the obscenity trials in the USA, contributed to the novel's popularity among the counter-culture.

*The Naked Lunch* was an event as much as a novel. It became the essential purchase of the aspiring hipster, especially in Britain where copies had to be smuggled through customs. It was 'cult' incarnate - an underground collage of comic-strip surrealism which juxtaposed sexuality with sadism, business with crime and politics with madness to the extent that such terms became interchangeable.<sup>164</sup>

Some of the most interesting statements in *Naked Lunch* concerning addiction can be

---

<sup>158</sup>Cf. section 3.5.2 starting on p. 124

<sup>159</sup>William S. Burroughs, *Naked Lunch*, (London: Paladin, 1992), first published: (Paris: Olympia Press, 1959)

<sup>160</sup>William S. Burroughs, *The Soft Machine*, (London: Paladin, 1986), first version published (Paris: Olympia Press, 1961), second version published (New York, Grove Press, 1966), revised edition (Calder & Boyars, 1968)

<sup>161</sup>William S. Burroughs, *Cities of the Red Night*, (London: Picador, 1982).

<sup>162</sup>William S. Burroughs, *The Western Lands*, (London: Picador, 1988).

<sup>163</sup>William S. Burroughs, *My Education: A Book of Dreams*, (London: Picador, 1996).

<sup>164</sup>Caveney, *The 'Priest', They Called Him: The Life and Legacy of William S. Burroughs*, p. 95.

found in the introduction to the novel, which is subtitled “*deposition: testimony concerning a sickness*”<sup>165</sup>. The subtitle indicates that Burroughs subscribed to a medical model of addiction, albeit one that differs from the models found in the dominant medical discourse of the time, as already pointed out in my discussion of *Junky*. In the introduction, he presents his definition of addiction.

The Sickness is drug addiction and I was an addict for fifteen years. When I say addict I mean an addict to junk (generic term for opium and/or derivatives including all synthetics from demerol to palfium). I have used junk in many forms: morphine, heroin, dilaudid, eukodal, pantopon, diocodid, diosane, opium, demerol, dolophine, palfium. I have smoked junk, eaten it, sniffed it, injected it in vein-skin-muscle, inserted it in rectal suppositories. The needle is not important. Whether you sniff it smoke it eat it or shove it up your ass the result is the same: addiction.<sup>166</sup>

The list of preparations containing opiates makes the point that not only the substances most frequently associated with addiction (i.e. heroin and morphine), but also many other opiate based prescription drugs that were frequently used at the time are addictive, and that the different routes of administration do not differ with regard to the potential risk of addiction. This clarification for the reader sets the frame for his subsequent writing about addiction in the novel, putting right some popular misconceptions. Burroughs continues to clarify one of the most common misconceptions of the time:

When I speak of drug addiction I do not refer to keif, marijuana or any preparation of hashish, mescaline, *Bannisteria Caapi*, LSD6, Sacred Mushrooms or any other drug of the hallucinogen group. . . There is no evidence that the use of any hallucinogen results in physical dependence. The action of these drugs is physiologically opposite to the action of junk. A lamentable confusion between the two classes of drugs has arisen owing to the zeal of the U.S. and other narcotic departments.<sup>167</sup>

What emerges from this quote is that Burroughs equals addiction with physical dependence, thus distancing himself from the contemporary trend in the media discourse to wrongly use the term addict as a synonym for drug user and to employ the term ‘narcotic’ as a label for all drugs.

The junkie, as presented by Burroughs, is turned into a parody of the consumer. The desire of the consumer for a certain product is mirrored in the junkie’s need that is central to Burroughs’ concept of addiction.

Junk yields a basic formula of “evil” virus: *The Algebra of Need*. The face of “evil” is always the face of total need. A dope fiend is a man in total

---

<sup>165</sup>*Naked Lunch*, p. 7.

<sup>166</sup>*Naked Lunch*, p. 7.

<sup>167</sup>*Naked Lunch*, p. 7.

need of dope. Beyond a certain frequency need knows absolutely no limit or control. In the words of total need: “*Wouldn’t you?*” Yes you would. You would lie, cheat, inform on your friends, steal, do *anything* to satisfy total need. Because you would be in a state of total sickness, total possession and not in a position to act in any other way. Dope fiends are sick people who cannot act other than they do.<sup>168</sup>

Burroughs portrays the junkie as an object of “total need”, without any will of his own. This, however, is in conflict with his self-representation in a passage which describes the circumstances under which he decided to take a “cure”.

And suddenly my habit began to jump and jump. Forty, sixty grains a day. And it still was not enough. And I could not pay.

I stood there with my last check in my hand and realized that it was my last check. I took the next plane for London.<sup>169</sup>

Instead of resorting to cheating or stealing to finance his addiction, he actively decides to undergo a withdrawal, he is not “in a state of [...] total possession” and *can* chose to break out of the life ordered by the addiction to junk. And this despite the prolonged routine of inertia and squalor that he presents as his life in Tangier prior to the decision to stop using.

I had not taken a bath in a year nor changed my clothes or removed them except to stick a needle every hour in the fibrous grey wooden flesh of terminal addiction. I never cleaned or dusted the room. Empty ampoule boxes and garbage piled up to the ceiling. Light and water had been long since turned off for non-payment. I did absolutely nothing. I could look at the end of my shoe for eight hours. I was only roused to action when the hourglass of junk ran out.<sup>170</sup>

While at a first glance this quote appears to describe chaotic circumstances, they are in fact highly ordered around what Burroughs considered important at the time: the continued use of opiates to prevent withdrawal symptoms. The ordering function of opiates also emerges in Burroughs’ suggestions for what today would be called harm reduction: “Addicts can be cured or quarantined — that is, allowed a morphine ration under minimal supervision like typhoid carriers. When this is done, the junk pyramids of the world will collapse.”<sup>171</sup> This was, as he remarks, the British approach to opiate addiction at the time.

Burroughs makes further statements about addiction, possible “cures”, and several drugs in an appendix to *Naked Lunch*. First published in *The British Journal of Addiction* (Vol. 53, No. 2), this ‘Letter from a Master Addict to Dangerous Drugs’ was written after

---

<sup>168</sup>*Naked Lunch*, p. 8.

<sup>169</sup>*Naked Lunch*, p. 10.

<sup>170</sup>*Naked Lunch*, p. 10.

<sup>171</sup>*Naked Lunch*, p. 9.

he had undergone a successful withdrawal using Apomorphine (which he also praises in the introduction to the novel as a “vaccine that can relegate the junk virus to a land-locked past”<sup>172</sup>) in London. His medical view of addiction, while differing from the dominant medical discourses on addiction and involving much speculation, enabled him to cross the threshold between the literary and the medical discourses on drugs. He defines opiate addiction as a metabolic dependence:

The use of opium and opium derivatives leads to a state that defines limits and describes “addiction” – (The term is loosely used to indicate anything one is used to or wants. We speak of addiction to candy, coffee, tobacco, warm weather, television, detective stories, crossword puzzles). So misapplied the term loses any useful precision of meaning. The use of morphine leads to a metabolic dependence on morphine. Morphine becomes a biologic need like water and the user may die if he is suddenly deprived of it. The diabetic will die without insulin, but he is not addicted to insulin. His need for insulin was not brought about by the use of insulin. He needs insulin to maintain a normal metabolism. The addict needs morphine to maintain a morphine metabolism, and so avoid the excruciatingly painful return to a normal metabolism.<sup>173</sup>

The postulation of a separate “morphine metabolism” serves to invest a special power in opiates, permitting them to control the addict in a way which resembles long gone medical (and religious) discourses that saw diseases as a possession by ‘evil spirits’. This perception of opiates exerting control over the addict is one of the key themes in *Naked Lunch*, and the theme of control is mirrored in the novel’s setting of “Interzone”, where different groups (e.g. the “Liquefactionists”, the “Divisionists”, or the “Senders”<sup>174</sup>) seek control over the population and each other.

After reporting on different symptoms of withdrawal, Burroughs writes about his experiences with several different ‘cures’ that he experienced, adding a caveat:

The success of any treatment depends on the degree and duration of addiction, the stage of withdrawal (drugs which are effective in late or light withdrawal can be disastrous in the acute phase), individual symptoms, health, age, etc. A method of treatment might be completely ineffective at one time, but give excellent results at another. Or a treatment that does me no good may help someone else. I do not presume to pass any final judgements, only to report my own reactions to various drugs and methods of treatment.<sup>175</sup>

This caveat changes the ways in which the ‘Letter’ can be read: while it is written in a style proclaiming it to be an authoritative view of addiction and a mainly factual report on the effects of different ‘cures’ and drugs, the caveat suggests a reading as a subjective report

---

<sup>172</sup>*Naked Lunch*, p. 9.

<sup>173</sup>*Naked Lunch*, p. 187-8.

<sup>174</sup>Cf. *Naked Lunch*, p. 131-6.

<sup>175</sup>*Naked Lunch*, p. 191-2.



of experiences, transforming the text into a case history. Such ambiguities that permit texts to be read as both scientific/factual and subjective/fictional have earned Burroughs criticism by some writers on drugs and addiction: “For all the aura of the underground, Burroughs is just a maverick disease-model theorist.”<sup>176</sup>

Viewing opiates as a commodity, as something that the addict wants or needs to consume, and not with the stigma of an illegal substance used by individuals who are criminals (i.e. criminalised by the illegal status of opiates), permits opiate addiction to be seen as a mirror image of consumerism<sup>177</sup>. In *Naked Lunch* this parallel is produced by a different shift in perception: while the addict is still represented as deviant, the ‘business’ transactions in the novel are of a corrupt or criminal nature. This is a transgressive reinscription<sup>178</sup> that shifts the Other (drug use) to the proximate (shady business). Similarly, Burroughs links opiates with some negative aspects of capitalism (i.e. those that are opposed to free trade). “Junk is the mold of monopoly and possession. [...] Junk is quantitative and accurately measurable. The more junk you use the less you have and the more you have the more you use.”<sup>179</sup> For Burroughs, one of the main differences between junk and other commodities is that the economy surrounding it is based on an acute need rather than just a desire for the product.

Junk is the ideal product ... the ultimate merchandise. No sales talk necessary. The client will crawl through a sewer and beg to buy. ... The junk merchant does not sell his product to the consumer, he sells the consumer to his product. He does not improve and simplify his merchandise. He degrades and simplifies the client.<sup>180</sup>

This situation is not only due to addiction to a substance or the ‘need’ for it, but exacerbated by laws and public opinion. In his ‘Afterthoughts on a Disposition’, written in 1991, Burroughs writes about this, correcting a misunderstanding of a statement he made in the original introduction to *Naked Lunch*.

When I say “the junk virus is public health problem number one of the world today,” I refer not just to the actual ill effects of opiates upon an individual’s health (which, in cases of controlled dosage may be minimal), but also to the hysteria that drug use often occasions in populaces who are prepared by the media and narcotics officials for a hysterical reaction.

The junk problem, in its present form, began with the Harrison Narcotics Act of 1914 in the U.S.A. Anti-drug hysteria is now worldwide, and it poses

<sup>176</sup>Marek Kohn, *Narcomania: On Heroin*, (London: Faber and Faber, 1987), p. 144.

<sup>177</sup>For a more detailed discussion of the relationships and similarities of drug use and consumerism see e.g. Lenson, *On Drugs*, p. 16 ff.

<sup>178</sup>Cf. p. 59.

<sup>179</sup>*Naked Lunch*, p. 8.

<sup>180</sup>*Naked Lunch*, p. 8.

a deadly threat to personal freedoms and due-process protections of the law everywhere.<sup>181</sup>

As Lawrence Driscoll points out in *Reconsidering Drugs*, the control frequently believed to be exerted by junk over the addict is mirrored in those who try to control (i.e. punish or reform) the addict. He writes that

it is the “junk virus” (i.e., the discourse of control) that really represents the “public health problem.” The point is that any of the criticisms that Burroughs makes of “junk” go in two directions at once. He is attacking not just drugs [...], but also the junk virus of control. [...] We could read *Naked Lunch* as a critique of heroin as a “bad” way of life, but Burroughs is more interested in critiquing those of us who buy The Junk Con of The Cure, Educational Prevention, and “Just Say No.”<sup>182</sup>

The “anti-drug hysteria” that represented addicts as degraded deviants and criminals is also mirrored in the text of *Naked Lunch*, not only in representations of the use of and addiction to existing as well as fictitious drugs (e.g. the “Black Meat” or “Mugwump fluid”<sup>183</sup>), but also by depictions of excessive violence, disfiguring diseases, mental illnesses, homosexual acts, and violent, arbitrary authorities seeking to imprison or exterminate the transgressors. “Since *Naked Lunch* treats this health problem, it is necessarily brutal, obscene and disgusting. Sickness has often repulsive details not for weak stomachs.”<sup>184</sup> The “repulsive details” of the ‘Sickness’ include some representations of addicts:

You know how old people lose all shame about eating, and it makes you puke to watch them? Old junkies are the same about junk. They gibber and squeal at sight of it. The spit hangs off their chin, and their stomach rumbles and all their guts grind in peristalsis while they cook up, dissolving the body’s decent skin, you expect any moment a great blob of protoplasm will flop right out and surround the junk. Really disgust you to see it.<sup>185</sup>

This is not the ‘need’ of the junkie, which is part of the medical model that Burroughs usually portrays, but a representation of pure greed. It is closer to the contemporary junkie stereotypes, presenting the opiate addict as mentally and physically debilitated by his addiction. It is no representation of a ‘truth’ about addicts, but a criticism of the discourse of control that turns the addict into something inhuman. Elsewhere in the novel he states more obvious criticism of the stereotypical representations that turn ‘need’ into greed. In the following quote, Burroughs presents an exaggerated imitation of a media

---

<sup>181</sup>*Naked Lunch*, p. 15.

<sup>182</sup>Driscoll, *Reconsidering Drugs*, p. 93.

<sup>183</sup>*Naked Lunch*, p. 54.

<sup>184</sup>*Naked Lunch*, p. 11-2.

<sup>185</sup>*Naked Lunch*, p. 19.

representation of one method of opiate administration and then corrects the errors in that representation.

You know how this pin and dropper routine is put down: “She seized a safety-pin caked with blood and rust, gouged a great hole in her leg which seemed to hang open like an obscene, festering mouth waiting for unspeakable congress with the dropper which she now plunged out of sight into the gaping wound. [...] Sweet dreams, Pantopon Rose.”

The real scene you pinch up some leg flesh and make a quick stab hole with a pin. Then fit the dropper *over, not in* the hole and feed the solution slow and careful so it doesn’t squirt out the sides.<sup>186</sup>

Several aspects of the junkie stereotype, as it was used in the media in the mid-twentieth century, are clearly visible in Burroughs’ exaggerated version: the junkie is represented as dirty and self-destructive, and a nexus between opiate use and ‘abnormal’ sexuality (“unspeakable congress”) is implied.

In the chapter ‘Hauser and O’Brien’ the narrator uses the junkie stereotype on purpose to divert the two narcotic agents’ attention in order to escape them. He claims to desperately need “a bang” and baits them into letting him inject by promising to set up a dealer.

I tied up for a shot, my hands trembling with eagerness, an archetype dope fiend.

“Just an old junky, boys, a harmless old shaking wreck of a junky.” That’s the way I put it down. As I had hoped, Hauser looked away when I started probing for a vein. It’s a wildly unpretty spectacle.<sup>187</sup>

This is a good example of an addict using addict stereotypes in order to achieve a goal. The narrator projects a stereotypical junkie identity as a human wreck. This differs from the representations of the narrator in the rest of the novel. Except when undergoing an acute withdrawal, he is portrayed as functioning reasonably well, as long as the ‘junk metabolism’ is served.

Throughout the novel, the ‘junk metabolism’, by imposing a regular ‘need’ on the addict, orders the addict’s life. “The addict runs on junk time. His body is his clock, and junk runs through it like an hour-glass. Time has meaning for him only with reference to his need.”<sup>188</sup> This (self-)imposed order replaces other orders that normally govern human life, like the order imposed by meals (breakfast/lunch/supper) or a job (work/recreation/sleep). This is one of the main influences of the novel to the discursive construction of the addict: rather than portraying the use of opiates as being superimposed on other orders, Burroughs represents opiate use as replacing other orders. “The days glide by strung on

---

<sup>186</sup>*Naked Lunch*, p. 23.

<sup>187</sup>*Naked Lunch*, p. 167.

<sup>188</sup>*Naked Lunch*, p. 170.

a syringe with a long thread of blood. . . . I am forgetting sex and all sharp pleasures of the body – a grey, junk-bound ghost. The Spanish boys call me El Hombre Invisible – the Invisible Man.”<sup>189</sup> In the novels by De Quincey, Collins, Dickens, Lee, Trocchi and Marlowe, discussed in the previous chapter, the opiate user is still able to work and lead a life that is influenced, but not dominated, by the use of opiates. In *Naked Lunch*, the ‘total need’ proclaimed by Burroughs is the dominant and driving force in the addicts’ lives. This makes his concept of addiction an attractive model of self-identification for opiate addicts. Burroughs’ concept exonerates the addict from the full responsibility for his actions due to his “total possession” by the drug (as postulated by Burroughs in his ‘Algebra of Need’), and as a consequence the addict can attribute unsocial or criminal actions to his addiction, and he can try to plead for mitigating circumstances. The addiction attribution that is based on the perception of the drug-using behaviour as internal × stable × uncontrollable functions as a template that is also applied to other behaviours that are usually seen as culpable. However, the self-identification with this concept also has a drawback for the addict if he wishes to quit using opiates.

Withdrawal is represented as a radical re-ordering of the addict’s life. “The critical point of withdrawal is not the early phase of acute sickness, but the final step free from the medium of junk. . . . There is a nightmare interlude of cellular panic, life suspended between two ways of being.”<sup>190</sup> The panic is a result of Burroughs’ concept of addiction. The emphasis on life being ordered by opiate use in his concept makes a return to a life not ordered by opiate use seem unlikely since it is a different way “of being”. With the older concept of opiate use superimposed on a ‘normal’ life the cessation of opiate use still leaves the ‘normal’ life. In contrast, in Burroughs’ concept the addict is left with nothing if he quits using, since the ordering function of opiates *is* his life, and the addict must recreate a ‘normal’ life, reinvent a non-addict identity for himself.<sup>191</sup>

*Naked Lunch* mixes realistic descriptions and fantastic exaggerations of drug use, sexual behaviour, desire for control and domination, and often excessive violence in a variety of narrative styles and methods of montage.

There is only one thing a writer can write about: *what is in front of his senses at the moment of writing*. . . . I am a recording instrument. . . . I do not presume to impose “story” “plot” “continuity.” . . . Insofar as I succeed in *Direct* recording of certain areas of psychic process I may have limited function. . . . I am not an entertainer. . . .<sup>192</sup>

---

<sup>189</sup>*Naked Lunch*, p. 63.

<sup>190</sup>*Naked Lunch*, p. 56.

<sup>191</sup>The impact of this re-creation of a non-addict identity is frequently lessened or even avoided by subscribing to a ‘once an addict, always an addict’ paradigm, as it can be found in the twelve step programmes’ insistence on proclaiming a life-long struggle with the temptation to relapse.

<sup>192</sup>*Naked Lunch*, p. 174.

This lack of story, plot and continuity is even more prominent in *The Soft Machine*. The more frequent use of cut-up and fold-in results in a text in which fragments of the junkie stereotype occasionally surface, yet do not make any statements about the author's attitude towards addiction. It is up to the reader to make sense of them.

Woke in stale trade flesh swept out by an old junky coughing and spitting in the sick morning –

This is the way the old hop smoking world I created mutters between years saddest of all movies voices frosted on the glass wind and dust through empty streets and gutted buildings spectral janitors grey autumn chill in the ashes cold dusty halls ... a petition from the old me ... the narcotics department ... Colonel Smoky ... Chinese waiters ... Pantapon Rose ... Bill Gains ... Old Bart ... Hauser and O'Brien ... detective junky walk ... Does he know his old record? (spit blood) 'Bill, it's windy here.' An old junky selling Christmas seals on North Clark St. the 'Priest' they called him.<sup>193</sup>

In an appendix to *The Soft Machine*, Burroughs has added some writings in which he tells of his positive experiences with an apo-morphine treatment against addiction and also calls into question the methods by which American authorities try to control addiction, criticising the criminalisation of the addict.

The American Narcotics Department has persisted in regarding addiction as criminal in itself with the consequent emphasis on punishment rather than treatment. Addiction is a metabolic illness and no more a police problem that [*sic*] tuberculosis or radium poisoning. Mr. Anschlinger [*sic*] says that the laws against addiction must *reflect* societies disapproval of the addict that is to say *cause* societies disapproval of the addict.<sup>194</sup>

He still adheres to a medical view of addiction and points out that the criminal view of addiction is a construct. Unlike in *Naked Lunch*, where a metabolic 'need' is the only important factor, here he includes the factor of desire into his model as something that is controlled by the drug: "Of course addicts do not 'want' to be cured since it is precisely the centers of 'wanting' that have been taken over by the drug."<sup>195</sup> This concept of a desire controlled by opiates is contrasted with a "biological" desire to be "cured":

I have taken abrupt withdrawal treatments and prolonged withdrawal treatments, cortisone, tranquillizers, anti-histamines and the prolonged sleep cure. In every case I relapsed at the first opportunity. Why do addicts voluntarily take a cure and then relapse? I think on a deep biological level most addicts want to be cured. Junk *is* death and your body knows it. I relapsed because I was never physiologically cured until I took the apo-morphine treatment.<sup>196</sup>

---

<sup>193</sup>*The Soft Machine*, p. 59-60.

<sup>194</sup>*The Soft Machine*, p. 132.

<sup>195</sup>*The Soft Machine*, p. 135.

<sup>196</sup>*The Soft Machine*, p. 138.

However, in the appendix the metabolic ‘need’ is still the most important factor of addiction for Burroughs. “The whole addict personality can be summed up in one sentence: *The addict needs junk*. He will do a lot to get junk just as you would do a lot for water if you were thirsty enough.”<sup>197</sup>

One text in the appendix, which also appears in *Nova Express*<sup>198</sup>, demonstrates clearly the effect that the cut-up method has on a text, namely destabilising the statements made and questioning the meaning of the text. He describes the technique by which the text was generated as follows: “I typed out selections from this article and cut the page into four sections rearranging the sections. A surprisingly clear and far-sighted statement as to the aims and methods of the American Narcotics Department emerges from the scissors.”<sup>199</sup> He does not mean the official “aims and methods” of course, but what he believes the aims might be, considering the effects of the American policies on ‘narcotics’.

#### PLAN DRUG ADDICTION

Now you are asking me whether I want to perpetuate a narcotics problem and I say: ‘Protect the disease. *Must be made criminal* protecting society from the disease.’

[...]

Addiction in some form is the basis – must be wholly addicts – *Any voluntary capacity subversion of the Will Capital and Treasury Bank* – Infection dedicated to traffic in exchange narcotics demonstrated a Typhoid Mary who will spread narcotics problem to the United Kingdom – Finally in view of the cure of the social problem and as such dangerous to society – Release the prosecutor to try any holes.

Cut up Fighting Drug Addiction by Malcolm Monroe Former Prosecutor in *Western World*, October 1959.<sup>200</sup>

This cut-up calls into question the validity of the anti-drug discourse to which the original text belongs, and, similarly, other cut-ups employing phrases from different discourses destabilise the discourses whence the fragments originate.

However, the anti-drug discourses in the twentieth century were remarkably resilient to such attempts to undermine them. This is at least partly due to the continued reiteration of anti-drug rhetoric in the media and official statements and campaigns that have culminated in the ‘War on Drugs’ that has continued from its declaration in the seventies to the present day. In a foreword, written in 1990, to an anthology of drug-related texts, Burroughs calls for a rational approach towards drugs to replace the hysteria created by much of the anti-drug discourse.

---

<sup>197</sup>*The Soft Machine*, p. 138.

<sup>198</sup>William S. Burroughs, *Nova Express*, (New York: Grove Press, 1964). The cut-up text appears on p. 51.

<sup>199</sup>*The Soft Machine*, p. 135.

<sup>200</sup>*The Soft Machine*, p. 135-6.

When hysteria is deliberately and systematically cultivated and fomented by a governing party, it can be relied upon to get worse and worse, to spread and deepen. Recent examples are Hitler's anti-semitic hysteria and present-day drug hysteria. The remedy is simple—a calm, objective, commonsense approach.<sup>201</sup>

Burroughs criticises the media for concentrating on the problems that can be caused by drug use, while ignoring possible solutions other than police enforcement of drug laws and painful withdrawal treatments. “In all the television and newspaper talk about drugs, I have yet to hear a mention of the possible role of endorphins in such therapy, or any other innovative medical approach.”<sup>202</sup> This text also shows that Burroughs' concept of addiction has changed over time. He no longer subscribes to the view that opiate addiction is based on a metabolic ‘need’ for opiates, but has adapted his concept so that it is closer to a more modern medical concept of addiction.

If you don't use it, you lose it. The addict is ingesting an artificial painkiller, so his body ceases to produce endorphins. If opiates are then withdrawn, he is left without the body's natural painkiller, and what would be normally minor discomfort becomes excruciatingly painful, until the body readjusts and produces endorphins. This is the basic mechanism of addiction, and explains why any agent that stimulates the production of endorphins will afford some relief from withdrawal symptoms.<sup>203</sup>

This turning away from need as the central element of Burroughs' concept of addiction is already noticeable in his works from the 1980s. In *Cities of the Red Night* opiate use is occasionally represented, but not as the ‘need’ or ‘total possession’ of his earlier novels. There are several different types of opiate user in the novel: the casual user who buys “a five-ounce bottle of opium tincture”<sup>204</sup> in a Chinese drugstore, the stereotypical addict living in a filthy flat<sup>205</sup>, and the controlled addict, whose functioning as a professional is not made impossible by his addiction.

Doctor Pierson was a discreet addict who kept himself down to three shots a day, half a grain in each shot—he could always cover for that. Toward the end of an eight-hour shift he tended to be perfunctory, so when he got the call from emergency he hoped it wouldn't take long or keep him overtime.<sup>206</sup>

In one of the many sub-plots in the novel, a group of pirates and partisans fighting the Spanish in the early eighteenth century uses opium, or rather the controlling of opium

<sup>201</sup>William S. Burroughs, ‘Foreword’, in John Strausbaugh and Donald Blaise, eds., *The Drug User: Documents 1840-1960*, (New York: Blast Books, 1991), p. ix.

<sup>202</sup>William S. Burroughs, ‘Foreword’, in J. Strausbaugh and D. Blaise, eds., *The Drug User*, p. xiv-xv.

<sup>203</sup>William S. Burroughs, ‘Foreword’, in J. Strausbaugh and D. Blaise, eds., *The Drug User*, p. x.

<sup>204</sup>*Cities of the Red Night*, p. 225.

<sup>205</sup>*Cities of the Red Night*, p. 47.

<sup>206</sup>*Cities of the Red Night*, p. 29.

supplies, as a weapon. The ambivalence of addiction to opium is clearly spelled out, as are the believed military “advantages and disadvantages” of addicts:

“We can ensure loyalty by impounding the opium crop. Addicts are more tolerant than non-addicts of cold, fatigue, and discomfort. They have a strong resistance amounting to virtual immunity to rheums, coughs, consumption, and other respiratory complaints. On the other hand, they are incapacitated if the opium supply is cut off.”<sup>207</sup>

This statement approximates the early-eighteenth-century knowledge about opium. The main detrimental effect of opium is represented as the withdrawal experienced if the supplies are withheld. “One of our aims is to addict the Spanish to opium, thereby making them dependent on supplies which we can, at a crucial moment, cut off.”<sup>208</sup>

The shift away from presenting opiate addiction as a metabolic ‘total need’ and ‘possession’, as it was the case in Burroughs’ early novels, to a medicinal or psychological need continues in *The Western Lands*. While his old model of addiction can sometimes still be glimpsed, it is no longer applied to opiates, but reserved for fictitious drugs: “Jump junk is the worst habit a man can contract. You get out for eight hours at first. When you come back down, it’s like a coke letdown with an alcohol and barbiturate hangover and acute junk yen. Takes more and more to stay out for less and less time.”<sup>209</sup> Opiates, especially morphine, are frequently presented as pain-killers in the novel, in several different contexts. The morphine used by German soldiers on the Russian front in World War II is represented as “the most precious commodity, a warm, comfortable blanket against the cold”<sup>210</sup>, acting as a shield against physical and psychological discomfort. For an opiate-using character in a different sub-plot, morphine is ineffectual as a comforter: “The other pain, the soul pain, morphine and heroin could not touch. Joe had been brought back from the Land of the Dead, back from Hell. Every movement, everything he looked at, was a source of excruciating pain.”<sup>211</sup>

Burroughs does not openly criticise ‘anti-drug hysteria’ in *The Western Lands*, he has shifted the emphasis of his criticism to the irrational fear of the medicinal use of opiates as pain-killers. Due to the stigma attached to opiates, caused by their illegality and the negative image of the junky, and the fear of many doctors of addicting patients, they are only rarely prescribed. “It is policy in burn units to restrict the use of painkillers to the vanishing point, since burn cases may require weeks of healing and treatment. It was argued that to administer painkillers would frequently result in addiction. So the patient

---

<sup>207</sup> *Cities of the Red Night*, p. 100.

<sup>208</sup> *Cities of the Red Night*, p. 102.

<sup>209</sup> *The Western Lands*, p. 133.

<sup>210</sup> *The Western Lands*, p. 14.

<sup>211</sup> *The Western Lands*, p. 27.



must endure baths in which the dead skin and flesh are scrubbed from the raw lesions with a stiff brush.”<sup>212</sup> This quote raises the question whether the possibility of addiction can justify that the patient has to endure excruciating pain. The negative image of opiate addiction caused by the junky stereotype often prevents a rational assessment of the actual detrimental effect of a light addiction. Such a rational assessment is put by Burroughs into the mouth of a nurse in a burn unit: “If I had my way, you boys would get all the junk you need. So what if you get a little habit? Boy your age can kick in five days.”<sup>213</sup> This can serve to show that an important differentiation between addictions is frequently ignored: while the ‘addict on the street’ has often adapted to a ‘junky’ lifestyle ordered by opiates and has embraced a stereotypical identity, a patient given opiates under medical supervision has no ‘junky lifestyle’ he is accustomed to and which may cause him to relapse once the opiates are withdrawn. This shift in Burroughs’ criticism may be due to the fact that he lived many years of his life (from 1980 to his death in 1997) as a ‘regulated’ addict<sup>214</sup>, regularly taking methadone and leading a life that differed fundamentally from his years as a more stereotypical addict.

Criticism of drug policies and official statements about drugs and drug users can also be found in *My Education: A Book of Dreams*. This book, based on “many hastily jotted notes on scraps of paper and index cards and pages typed with one hand”<sup>215</sup>, consists mainly of dream notes, but also contains some passages, probably comments and thoughts that Burroughs wrote down, that contrast sharply with the dream sequences. Most references to opiates in the dream notes are detached, recounted without emotion, e.g. “Gregory was there and we are going to split some heroin.”<sup>216</sup> or “IV injection in bottom of foot. Blood in syringe, but a leak. Association callus, and need to call Dr. Gaston again for a treatment.”<sup>217</sup> Two criticisms of drug policies can be found in the book. The first is in an observation that bears little resemblance to the dream notes.

I am using myself as a reference point of view to assess current and future trends. This is not megalomania. It is simply the only measuring artifact available. Observer William: 023. Trends can be compacted into one word ... GAP. Widening GAPs. [...]

GAP between 023 and antidrug hysterics like Daryl Gates, Chief of Police of Los Angeles, who says casual pot users should be taken out and shot, and someone named Davey in an article in *SWAT*: “All drug dealers, no matter how young, should be summarily executed. They are murderers many times over.” (Like cigarette companies?) In the same category are Paki bashers,

---

<sup>212</sup>*The Western Lands*, p. 64-5.

<sup>213</sup>*The Western Lands*, p. 65.

<sup>214</sup>Cf. Boon, *The Road of Excess*, p. 78.

<sup>215</sup>*My Education*, ‘Acknowledgements’ (page not numbered).

<sup>216</sup>*My Education*, p. 47.

<sup>217</sup>*My Education*, p. 65.

queer bashers, and anyone with a “Kill a Queer for Christ” sticker on his heap.

Nigger killers, raw material for lynch mobs, the Bible Belt, the fundamental Muslims—023 feels nothing for these specimens. GAP.

World leaders catering to the stupid and the bigoted. Bush says the drug war has united us as a nation. Of finks and lunatics? What do they care what someone else does in his own room? No skin off them.<sup>218</sup>

The statements by the “antidrug hysterics” referred to in the second paragraph of the quote are no inventions, they were actually made and obviously outraged Burroughs, who had started writing against such disproportionate hysteria with his first novel.

The second criticism is in a comment to a dream: “There were two of us sentenced to be hanged in some foreign country. (Obvious reference to the two Australians hanged in Malaysia. When small-time drug trafficking is equated with murder all sense of proportion has been lost.)”<sup>219</sup> Burroughs criticises the excessive punishments for involvement with drugs. Throughout his long life, he was able to witness that the criminalisation of the use of and trade in drugs did not result in any significant reduction in the number of users and addicts.

Throughout his novels and other writings, Burroughs advocated a rational approach to opiates and addiction. For him, a rational approach meant viewing opiate addiction as a medical problem, not a criminal one, and the best method to reduce the harm done by opiate addiction was more research into possible ‘cures’, not increased repression.

While in his early novels the representation of opiate use is focused on addiction, in his later works he also includes medicinal and controlled use, pointing out that opiates can be used in a way which avoids many of the detrimental effects of addiction. This is paralleled by a shift in the reverse discourse strategies he uses: in the early novels he mainly used transgressive reinscriptions, in later works this is replaced by a transvaluation of opiate users (e.g. by representing ‘functioning’ addicts or the medical uses of opiates). He is consistent in his use of a medical model of addiction, yet his explanations for the physical mechanisms behind addiction changed over the years, from the postulation of a ‘morphine metabolism’ to a view that is more in accord with the medical research on opiate addiction. His suggestions for possible cures also changed, based on both his personal experiences and published research results.

Burroughs’ contribution to the counter-discourse is significant. He analysed both the dominant discourses and his own addictions to formulate criticisms of the media and juridical discourses on drugs.

---

<sup>218</sup>*My Education*, p. 27-8.

<sup>219</sup>*My Education*, p. 34.

## 4.4 John Clellon Holmes

In this section I will examine the representations of drugs and their users in *Go*<sup>220</sup>, a novel which belongs firmly in the Beat canon. John Clellon Holmes first met Kerouac and Ginsberg in 1948 and they developed a life-long friendship. Although he was a part of the literary bohemian scene surrounding Kerouac and Ginsberg in the New York of the late 1940s and early 1950s, his approach to drugs and their use was more cautious than the others'. "Unlike the others in the group, who were emotionally and sexually involved with each other, Holmes was critical of what he considered his friends' destructive activities—drug addiction, alcoholism, and petty crime."<sup>221</sup> A certain distance to the mores and also the social criticism in the philosophy of the Beat 'inner circle'<sup>222</sup> is evident from his non-fictional writings: "Holmes could act as an interpreter of the Beat perspective because of his somewhat distanced partisanship and because he made the Beat worldview comprehensible to a wider audience, placing the Beats historically by comparing them with their immediate predecessors and successors."<sup>223</sup> *Go* is an autobiographically influenced novel, yet it should not be seen as a literal but a personal representation of 'reality', as Holmes points out in an introduction to the novel that he wrote in 1976: "Despite all the literalness, however, *Go* should be seen as *my* vision of the time, an honest attempt to recreate my own experience, and thereby reach an understanding of it"<sup>224</sup>.

Paul Hobbes, the main character and Holmes' persona in the novel, is fascinated by the 'hip' scene to which his friends Gene Pasternak (Kerouac) and David Stofsky (Ginsberg) belong.

He came to know their world, at first only indirectly. It was a world of dingy backstairs "pads," Times Square cafeterias, bebop joints, night-long wanderings, meetings on street corners, hitchhiking, a myriad of "hip" bars all over the city, and the streets themselves. It was inhabited by people "hung-up" with drugs and other habits, searching out a new degree of craziness; and connected by the invisible threads of need, petty crimes of long ago, or a strange recognition of affinity. [...] Hobbes ventured into the outskirts of this world suspiciously, even fearfully, but unable to quell his immediate fascination for he had been among older, less active, and more mental people for too long, and needed something new and exciting.<sup>225</sup>

At first, Pasternak and Stofsky are the only people frequenting this world that he knows personally. They tell him about other characters who have since become icons in the Beat

<sup>220</sup>John Clellon Holmes, *Go*, (New York: Plume, 1980). First Published in 1952.

<sup>221</sup>Ann Charters, ed., *The Penguin Book of the Beats*, (Harmondsworth: Penguin, 1993), p. 153-4.

<sup>222</sup>I.e. Burroughs, Ginsberg and Kerouac.

<sup>223</sup>Cynthia S. Hamilton, 'The Prisoner of Self: The Work of John Clellon Holmes' in A. Robert Lee, ed., *The Beat Generation Writers*, (London: Pluto Press, 1996), p. 115.

<sup>224</sup>Holmes, 'Introduction', *Go*, p. xix.

<sup>225</sup>*Go*, p. 36.

mythology, like Albert Ancke (i.e. Herbert Huncke):

Albert Ancke and Winnie were phantoms to Hobbes [...]. He had never met them, but Pasternak and Stofsky talked of them incessantly, along with other petty thieves, dope-passers and “characters” that they knew. The stories fascinated Hobbes [...]; rumours [...] which said that Ancke was serving a narcotics sentence, and that Winnie was “kicking her morphine habit” out in some walk-up in Astoria. But that was the extent of his information.<sup>226</sup>

The fascination with these drug-using underworldly characters that Holmes lets his persona in the novel feel is based on the contrast to the academic and intellectual circles that he is more at home in. Yet this fascination does not lead to a romanticised or idealised description of the characters.

Ancke was only thirty-three, but everything about him seemed worn and faded. His head was large for the emaciated, almost girlish body, and his lank brown hair gave the appearance of being dry, even dusty. His skin was puffy, yellowish, and in his whole heavy face, with the wide, soft mouth, the small nose, and the pallid cheeks, only his eyes, that were large, dark and luminous, gave any sign of life. They burned fitfully under thick eyebrows. His thin arms and legs were scarred with the countless wounds of the hypodermic needle which had poured morphine into him for years, and the flesh seemed to have shrunk in upon his brittle bones. He quivered involuntarily every few minutes, as though he had chills. He was extremely dirty and smelled of sweat and decaying teeth.<sup>227</sup>

The use of drugs is, however, not represented as being limited to individuals who belong to an underworld of petty criminals, the author writes of “whole hordes of wild students from Columbia who, like Stofsky, played nervously with drugs and lived in a disorderly fashion.”<sup>228</sup> That the students’ tentative use of drugs is described as being undertaken “nervously” indicates that the possibility of adverse effects is known, but not believed to be inevitable. This is probably due to the contrast between scaremongering and exaggerated reports in the media discourse on the one hand, and the experiences told by peers on the other. The result is a curiosity to find out the ‘truth’ about the effects of drugs: “Hobbes knew vaguely of Stofsky’s investigations of drugs, knew he had tried them all with eager experimentation a year or so before, and had even filled two notebooks with records of reactions and imaginings while under their influence.”<sup>229</sup> The use of illegal psychoactive substances by these middle class users is not shown to lead to any cases of addiction in *Go*.

---

<sup>226</sup> *Go*, p. 7.

<sup>227</sup> *Go*, p. 235-6.

<sup>228</sup> *Go*, p. 259.

<sup>229</sup> *Go*, p. 107.

Holmes does not present a specific model of addiction in the novel. He does not use the addiction attribution, but represents characters whose use of opiates varies, depending on their financial capabilities or a desire to renew the effectiveness of small doses, or who voluntarily undergo a withdrawal. He neither presents the use of opiates as something positive, nor does he subscribe to common paradigms like instantaneous addiction or the impossibility to quit using. Holmes describes the development of one of Ancke's 'habits': "Jail had, as always, forced him to 'throw his habit,' and so small amounts were sufficient in the beginning. But gradually he became 'hooked' again, and had to hustle about Times Square and Harlem to set up more deals."<sup>230</sup> The withdrawal Ancke subsequently experiences due to lack of funds is described as unpleasant, but not overpoweringly painful: "fighting nausea, and the ache and jitter of his body demanding the drug."<sup>231</sup>

While the two of Ancke's withdrawals referred to in the novel are involuntary, caused by an inability to obtain opiates due to either imprisonment or lack of funds and people who might have given him opiates on credit, another character in the novel, Winnie, had chosen to undergo a withdrawal. Instead of committing herself to a clinic, she had used a different method of restraint, as Pasternak tells some friends after he has visited her: "She'd had ropes on herself last week. Imagine that, she'd tied herself down! And we talked and then her boy came in. [...] And he said to me the first thing: 'You know, man, Win's just about got the Chinaman off her back!'"<sup>232</sup>

A similar method of restraint is described by Holmes in *The Horn*<sup>233</sup>, where Geordie, a female singer, undergoes withdrawal with "one wrist held back taut against the headboard by a pair of dime-store handcuffs (a trick she had learned in the Carolina reformatory years before [...]), the key thrown across the room, a shallow glitter in a pool of sour sunlight on the floor."<sup>234</sup> Such methods of restraint make sense from the point of view of an addict who is determined to undergo a withdrawal because, as I already explained on page 151, the user's knowledge that a single dose of opiates can almost instantaneously relieve the unpleasant and painful effects of withdrawal can be a strong incentive to relapse.

Holmes appears to be aware of the fact that the occasional use of opiates does not necessarily lead to addiction, as a reference to Winnie later in the novel shows: "Winnie, true to rumours Stofsky had heard, had thrown her morphine habit and, but for a little heroin now and again 'just for a lift,' was on nothing"<sup>235</sup>. This quote shows again that Holmes did not subscribe to the 'instantaneous addiction' paradigm and hints at his knowing that

---

<sup>230</sup> *Go*, p. 237.

<sup>231</sup> *Go*, p. 237.

<sup>232</sup> *Go*, p. 96.

<sup>233</sup> John Clellon Holmes, *The Horn*, (New York: Thunder's Mouth Press, 1988), first published New York: Random House, 1958.

<sup>234</sup> *The Horn*, p. 105.

<sup>235</sup> *Go*, p. 237.

a certain regularity of use is required for an individual to develop an addiction. However, Holmes representations of opiate using characters must not be confused with a positive attitude towards opiates. There is no instance in the novel of Hobbes being interested in using opiates himself, and no other characters are shown to speak about them in a glorifying manner. Instead, the already quoted description of Ancke displays opiates in a negative light, as does the following description of Ancke's self-representation: "Ancke was remarkably cordial, and told his stories of "scoring" in such places as Oran, Colon and Panama City with graphic and bemused detail, depicting the hunger and degradation of past addictions with the mirth by which a wily buffoon ridicules himself for the benefit of others."<sup>236</sup> Holmes does not over-generalise the negative effects that Ancke relates by attributing "the hunger and degradation" to a nonspecific 'addiction' or 'the addict'. When Holmes lets Hobbes react with scorn to Ancke's stating his intention to let himself become addicted again in the future and maybe get an 'addict's license' in Mexico, it is obvious that Hobbes (and maybe the author too) cannot see the ordering function that addiction has for some users.

[Hobbes] was thinking that if people like himself, with order to their lives, with high, though all too often vain, purposes with which they troubled their heads, could not see beyond the treacherous limits of next week, how could Ancke do so who, but for the delights of such harmless dreams, could count on nothing but that he would be "hooked" again in three months and starting to have a hard time supplying himself; who could really plan nothing but that by next spring he would probably allow himself to be arrested again to throw his habit so that he could afford it once more.<sup>237</sup>

Hobbes does not realise that the 'management' of an addiction can be a substitute for other "purposes" in life, that the life as an addict, although certainly not one of high aspirations, can serve to give a person the satisfaction of success on a day-to-day basis of achieving a task that he is good at (i.e. obtaining enough of a substance to avoid the negative experiences that a lack of it would produce).

While Hobbes is not interested in trying out opiates, marijuana holds a certain fascination for both him and his wife Kathryn. On one occasion when they are planning to host a party, Pasternak mentions that he will get a mutual friend "to bring some weed". Kathryn consents to this "with exaggerated approval that caused the others some surprise", stating that she has "always wanted to smoke some"<sup>238</sup>. The 'weed' seems to be one of the main attractions at the party:

It was passed around by Pasternak, who gave instructions on how to "pick up" to Kathryn, and all sipped deeply. Hobbes, changing records in a fluster,

---

<sup>236</sup>*Go*, p. 260-1.

<sup>237</sup>*Go*, p. 261-2.

<sup>238</sup>*Go*, p. 97.

avoided it that first round. But Georgia, who had never had any before either, started to jump about to the whirling music as soon as she exhaled the acrid smoke, believing the effect to be immediate.

“Is that really Mary-juana, Paul?” Christine asked, speaking in a shocked hush. “Gene wants me to try it, but I don’t want to take any *drug*! I didn’t know you had any friends who took anything like that! Gene’s not . . . he’s no addict is he?”

“Go ahead, Christine, it’s harmless. It’s not really a drug at all.” But he left her so she would not see the timidity in his own eyes.<sup>239</sup>

The reaction of Christine, a married woman with whom Pasternak is having an affair, to the smoking of marijuana can be interpreted as a representation of a typical reaction by someone whose only source of information on psychoactive substances is the discourse on drugs in the mass media. She automatically links the use of an illegal drug with addiction. Furthermore, the way in which she uses the term ‘drug’ shows that she does not differentiate between psychoactive substances, and the author’s italicisation of ‘drug’ in her speech indicates that she associates only negative things with it. Yet she is not alone with her association of detrimental effects with the term, as Hobbes’ attempt of easing her fears by excluding marijuana from the category of ‘drugs’ shows. Hobbes’ “timidity” is due to the fact that the statement he made is based on hearsay. He nonetheless tries out the marijuana and the effects described are mainly positive:

To Hobbes, who took more and more of the tea after the first drag or so seemed to have no effect on him, there was an illegal and surreptitious air about everything that thrilled him. He threw away whatever hostile compunctions he might have felt in the beginning, and wandered about after the cigarettes. A detached, pleasant pulsation set up in his head and the weedy taste disappeared from his mouth, and his personality seemed to flow away from him without damage. He watched, unmindful, as glasses were overturned by dancing feet and piles of books swept under tables. An hysteria of stimulation seethed in the room and everyone’s voice rose imperceptibly in pitch. The phonograph was turned louder, and Hobbes stood near it, laughing happily to himself at what others were doing, considering it very revealing, and yet aware that his thoughts were segregated from one another, and any consecutive train gone. There was only a restless elation.<sup>240</sup>

The description of the effects is quite realistic; he experiences the immediate effects as positive, yet on going to bed he notices marijuana’s tendency to impair short-term memory:

As he lay down, he tried to remember what Estelle had looked like, what he had felt when with her, anything about their time together. But it had all

---

<sup>239</sup>*Go*, p. 100.

<sup>240</sup>*Go*, p. 101.

hazed over and seemed even more unreal somehow than the things which Stofsky had been raving about. Upon realizing that, Hobbes felt a certain respect for the marijuana.<sup>241</sup>

Christine's negative attitude towards 'drugs' is confirmed later in the novel when she phones Hobbes to complain about Pasternak:

"Ever since that party, he was different, Paul. I think it's that mary-juana. How could I want to go with a boy that takes stuff like that, and thinks about things that way? And he hasn't even *written* me since then, not once! But you tell him I don't want to see him, that's all!"<sup>242</sup>

Due to her negative perception of illegal drugs ("stuff like that"), she attributes a perceived change in Pasternak's behaviour since the party to his use of marijuana. This reflects the tendency to attribute the blame for a user's inappropriate or 'bad' behaviour to the drug used. Since this kind of attribution is also practised by some users themselves (in order to exonerate themselves from responsibility for their objectionable behaviours), it is given credibility and made acceptable as an explanation. Christine's *post hoc, ergo propter hoc* reasoning is easily discovered by the reader because he knows that Pasternak has frequently indulged in the use of marijuana prior to the party.

A character in the novel who voices opinions about drugs that are not used by the other main characters is Hart Kennedy, who is based on Neal Cassady. Kennedy is first introduced in the novel as someone who holds a privileged position in Pasternak's pantheon of outcast heroes: "Kennedy was a wild young man Pasternak had met on one of his previous trips to California. He had regaled Hobbes with fabulous stories of marijuana parties and crazy driving in the mountains around Denver where Kennedy was originally from."<sup>243</sup> When Kennedy arrives in New York he is eager to procure some marijuana. In a bar he spots someone who he suspects will be able to sell him some, but he has no success in obtaining the drug of his choice and is not interested in buying "goof balls"<sup>244</sup> instead. Kennedy is represented as selective about the drugs he uses. Although he had taken barbiturates in the past, he dislikes the sedative and numbing effects produced by them. This is consistent with the representation of Cassady in Kerouac's *Visions of Cody*.

When offered Benzedrine by another character, Kennedy declines, stating the negative effects it has had on him: "I was real hungup on it two years ago, [...] but it drags me now. I get too jumpy, see, can't function on the stuff. [...] I get *real* mean and nasty on it everytime."<sup>245</sup>

---

<sup>241</sup>*Go*, p. 110.

<sup>242</sup>*Go*, p. 127-8.

<sup>243</sup>*Go*, p. 96.

<sup>244</sup>*Go*, p. 119.

<sup>245</sup>*Go*, p. 142.



For Kennedy, the drug of his choice is marijuana. He is frequently shown to use it and trying to extol its virtues:

“Give me tea anytime, slightly green tea, you know?” Hart went on to Hobbes, fishing in his pockets for his supply. “You get a perspective on everything. Everything just drifts along real s-l-o-w!”<sup>246</sup>

But when questioned by Hobbes about whether marijuana makes him less compulsive than Benzedrine, Kennedy embarks on a long confused praise, the gist of which is that it makes everything more enjoyable for him and that it makes him realise “that *everything’s* really true, on it’s own level.”<sup>247</sup> After Kennedy has finished, Hobbes remains unconvinced by his explanations. “Hobbes did not “know,” and felt annoyance at the ideas, because to him “everything” was not really true. There were some things, and some ideas, that were seriously false.”<sup>248</sup>

Although Hobbes likes the effects produced by smoking marijuana, he is critical of the indifference and the “uncritical affirmation of all experience”<sup>249</sup> it causes in Kennedy. While Kennedy has made marijuana the centre of his personal philosophy, it is no more to Hobbes than a pleasant psychoactive substance that should be used with caution.

*Go* is a novel that represents the use of drugs in a realistic manner. It approaches them with caution and, counter to frequent criticisms of the ‘Beat’ authors in the mass media of the 1950s and 1960s, does not glorify the use of any of them. The novel is an account of life in a certain section of society in the late 1940s, and since the use of drugs was present in that section, it is portrayed. Holmes wrote critically about opiates and some legal psychoactive substances, yet refrained from sensationalism or scaremongering.

Representing psychoactive substances in this way places *Go* in the same strain of counter-discourse that Kerouac’s novels belong to, articulating views on drugs that went beyond what was acceptable to the dominant discourses on drugs.

---

<sup>246</sup>*Go*, p. 142-3.

<sup>247</sup>*Go*, p. 144.

<sup>248</sup>*Go*, p. 145.

<sup>249</sup>Cynthia S. Hamilton, ‘The Prisoner of Self: The Work of John Clellon Holmes’, *The Beat Generation Writers*, p. 117.

## 4.5 A Marginal Character

The focus of this section is Neal Cassady, who was the real-life person behind many fictionalised characters. Jack Kerouac turned him into Dean Moriarty, the hero of *On the Road*, and Cody Pomeroy in *Visions of Cody*, *The Dharma Bums*, *Desolation Angels*<sup>250</sup>, and *Big Sur*<sup>251</sup>. John Clellon Holmes based the character Hart Kennedy in *Go* on him. He appears under his real name in Tom Wolfe's *The Electric Kool-Aid Acid Test*<sup>252</sup> and in *Off The Road*<sup>253</sup>, the memoirs of Carolyn Cassady, his second wife. There also is a short cameo appearance in Hunter S. Thompson's *Hell's Angels* where he is not named but referred to as "the worldly inspiration for the protagonist of several recent novels" because of the "insistence of publisher's lawyers."<sup>254</sup>

His own literary output is extremely limited, the only published book is *The First Third*<sup>255</sup>, an autobiographic book describing the history of his family and his own until the age of nine. Illegal psychoactive substances (except for bootlegged whiskey) are mentioned twice in the context of Cassady's childhood experience of being locked in a foldaway bed by one of his elder brothers. He traces the fear of suffocation he felt in the confined space to a film he had seen with his father, which is an example of how drugs were often represented in films during the first half of the twentieth century: "The plot had a villain who drugged well-to-do young girls to take compromising photos of them for purposes of blackmail."<sup>256</sup> Drugs were represented in a criminal context, the victim is female and sexually exploited ("duped, doped and ill-used"<sup>257</sup>) while under the influence of the drug.

The other reference to psychoactive substances is when he writes about a perceived "time-acceleration" while locked away: "It was a full score years later before I again had similar headspins (from different stimuli, such as marijuana) but which this time I tried to hold and analyze, and found by heavy concentration I could, for short moments, turn this time-quickenning off and on at will once it had started."<sup>258</sup>

The 'Other Writings' in the 1981 version of the book are some letters (and fragments thereof) and short prose pieces by him, which include references to his use of marijuana, Benzedrine and LSD. They are mentioned in a similar way to other 'kicks' (girls and cars)

<sup>250</sup>Jack Kerouac, *Desolation Angels*, (London: Flamingo, 1995), first published 1965.

<sup>251</sup>Cf. Charters, *Kerouac: a biography*, p. 405.

<sup>252</sup>Tom Wolfe, *The Electric Kool-Aid Acid Test*, (London: Black Swan Books, 1989), first published 1968.

<sup>253</sup>Carolyn Cassady, *Off The Road*, (Harmondsworth: Penguin, 1991).

<sup>254</sup>Hunter S. Thompson, *Hell's Angels*, (Harmondsworth: Penguin, 1967), p. 243.

<sup>255</sup>Neal Cassady, *The First Third*, (San Francisco: City Lights Books, 1971). The following references refer to the revised edition: *The First Third & Other Writings*, (San Francisco: City Lights Books, 1981).

<sup>256</sup>*The First Third & Other Writings*, p. 112.

<sup>257</sup>*The First Third & Other Writings*, p. 112.

<sup>258</sup>*The First Third & Other Writings*, p. 113.

he indulges in, no particular emphasis is placed on them. He frequently mentions doing things while “high”<sup>259</sup> or “stoned”<sup>260</sup>. There are no detailed descriptions of the effects, mainly because the story fragments and the letters that are reproduced in this part of the book are written for friends who are ‘in the know’ anyway. He did not seriously write these pieces for publication and therefore didn’t have to think about how to represent the use of drugs to people who did not know about their effects.

In contrast, Carolyn Cassady’s memoirs *Off The Road* were written to provide a perspective on Neal’s life and his involvement with the Beats that differed from the idealisations and mythification, sometimes bordering on hero-worship, that are present in Kerouac’s novels and Ginsberg’s poetry. Her attitudes towards drugs, as represented in the book, differ from the Beats’ in-group attitudes. The in-group attitudes, however, are also present in the book, mainly in her portrayals of Neal.

She states that she had “been brought up in a Victorian home”<sup>261</sup>, i.e. a home with conservative values and morals, as her family’s reactions to her pre-marital pregnancy and the later divorce from Neal show. As a result, her approach to drugs is characterised by uneasiness rather than the eager curiosity that is reported of characters in several Beat novels. The descriptions of her initial attitudes towards drugs present them as influenced to a large degree by the dominant (media) discourses, as her description of how she “was first introduced to the world of mind-altering drugs”<sup>262</sup> by Neal and Allen Ginsberg shows:

One afternoon, we were the only customers in the café. I was sipping my coffee when one of the men produced a Benzedrine inhaler. I knew its purpose was to clear the nasal passages and was quite familiar with its use. Now I was to learn of the secret powers hidden within this innocent remedy for the common cold. With much ceremony and evident glee, the two men demonstrated the process of disembowelling the inhaler’s plastic casing to get at the two-inch-long roll of paper that was saturated with the magic liquid. From this they tore off a mere quarter-inch strip which was again wadded into a ball and swallowed with coffee ‘to kill the taste.’ This small amount, they told me, was sufficient for eight hours of transporting delights. They were kind enough to warn me that the price of this treat was another eight hours of deadening depression—but I was not to worry, the pleasure of the ‘high’ was worth it, and Neal would be with me to steer me through the rough spots.<sup>263</sup>

She attributes “secret powers” to a (prescription) drug which can also be used in a way not intended by the manufacturer, and calls the substance a “magic liquid”, indicating that either she or one of the men attributed mysterious effects to it. The notion that there is a

<sup>259</sup>E.g. *The First Third & Other Writings*, p. 169, p. 195.

<sup>260</sup>*The First Third & Other Writings*, p. 144.

<sup>261</sup>*Off The Road*, p. 23.

<sup>262</sup>*Off The Road*, p. 22.

<sup>263</sup>*Off The Road*, p. 22-3.

“price” to pay, i.e. a punishment, for the indulgence in the “pleasure”, instead of referring to side- or after-effects, seems to be related to a religious perception of pleasure as sinful. Yet her description of the after-effect itself is vague and not over emphasised: “The ‘drag’ had set in, too. Each movement demanded extra and concentrated effort.”<sup>264</sup> The acute effects of the Benzedrine on her are described as mainly positive. She states that she “felt so vibrant, brilliant, witty” and mentions “sudden mood-dives”<sup>265</sup> as the only immediate negative side effects.

Other representations of stimulants in the book show an ambivalent attitude. When she recounts a letter written by Neal while visiting Burroughs together with Ginsberg, they are linked with excessive use and addiction. She reports that the letter mentions the presence there of “Herbert Huncke, a sometime heroin addict from New York”, and Burroughs’ wife’s “need for at least eight whole Benzedrine tubes per day, a drug Huncke enjoyed as well, with or without large amounts of Nembutal.” Carolyn Cassady’s disapproval of the scene described by Neal is stated explicitly: “The composite picture was as revolting to me as anything could be.”<sup>266</sup> This aversion, however, does not keep her from using stimulants. During one of her separations from Neal, she takes amphetamine samples from her work as a doctor’s secretary: “Maybe some of these could wind up the clockwork inside me. Feeling somewhat dramatic, I got a cup of water and swallowed two, putting the rest in my purse.”<sup>267</sup> She is uncritical of using the amphetamines and continues her use at home: “The silence in my own house was almost suffocating. Best I get out the pills quick.”<sup>268</sup> When she is visited by Helen Hinkle, who is the wife of a friend of Neal’s, Al Hinkle<sup>269</sup>, they start to talk and embark on what nowadays would be called a ‘binge’ or ‘run’ which lasts the entire weekend: “I can vaguely remember getting Cathy up, feeding her, changing her, and putting her down again, and repeating all this over and over as the hours ticked by. Monday morning found us still sitting there, still wallowing in our grievances.”<sup>270</sup>

During this weekend Helen tells Cassady about her ‘honeymoon,’ a trip with Neal where she was dumped and told by the men to go to Burroughs’ house near New Orleans and wait for them there, without being given any detailed information about Burroughs:

‘Did anybody tell you about him?’

‘No, oh no . . . just a good, *good* reliable friend of Neal’s who had a house and so forth. I knew nothing about his past . . . or that he was an addict . . .

---

<sup>264</sup> *Off The Road*, p. 26.

<sup>265</sup> *Off The Road*, p. 25.

<sup>266</sup> *Off The Road*, p. 35.

<sup>267</sup> *Off The Road*, p. 104.

<sup>268</sup> *Off The Road*, p. 105.

<sup>269</sup> The couple were fictionalised by Kerouac in *On the Road* as Galatea and Ed Dunkel.

<sup>270</sup> *Off The Road*, p. 108.

and Joan too.’ We both laughed and for a moment mused on the contrast between her strict conventional upbringing and the new kind of life she had unknowingly let herself in for by marrying Al.<sup>271</sup>

Burroughs and his wife are labelled with an unspecified “addict”, which indicates that Helen had very little, if any, information about drugs, except that she knew of their existence through the media, as the following quote also shows:

Every day I was to pick up a whole tube of Benzedrine for Joan, though I never knew why. [...] Anyway, one time this druggist said I could have a dozen if I wished, he was sure I wouldn’t misuse them. I said “*Misuse* them? How’s that possible?” So he told me, and I said, “No, *one* is just fine.” When I got back and told Joan this, she just about crapped. That was the only time I ever saw her really get excited about anything.<sup>272</sup>

Her ignorance is not limited to the hedonistic uses of over-the-counter drugs, it extends to illegal drugs as well.

‘[...] I remember telling Bill confidentially one night that I thought Neal smoked marijuana. Ha! Bill had only raised twenty-five acres of it or something like that! He assured me that marijuana wasn’t all that *bad*—it was heroin you had to be careful of.’

‘And him fixing himself up all the time! How often?’

‘Oh about three times a day, sometimes only twice. I remember how there were periods when he’d just sit and dream and not say anything, but I never knew why.’<sup>273</sup>

The reaction to Burroughs’ warning about heroin shows that the women have a very limited grasp of physical addiction. They fail to see any reason why someone would continue to take a drug if he thought that it could be dangerous. Their own use of amphetamines does not alter their attitude towards drugs and they probably would recoil at the idea that it could be called drug misuse or even drug abuse. This is due to the fact that amphetamines were at the time common as a prescription drug and used for the intended purpose of stimulation, in contrast to the illegal drug heroin or the use of Benzedrine inhalers for a purpose not intended by the manufacturer.

Cassady also writes of her experiences with marijuana, to which she is introduced by Neal. Again, her reaction is shaped by the media discourse of the late 1930s and early 1940s; she mentions feeling a fear because of what she had “heard as a teenager of this ‘devil weed,’ [...]”<sup>274</sup>

---

<sup>271</sup> *Off The Road*, p. 110.

<sup>272</sup> *Off The Road*, p. 112.

<sup>273</sup> *Off The Road*, p. 113.

<sup>274</sup> *Off The Road*, p. 40.

Neal takes great care to explain how he experiences the effects and to correct what he believes to be the errors in the dominant discourse, insisting on its harmlessness and attributing the negative public attitude towards it to the FBN: “All the tales you’ve doubtless heard are entirely false, perpetrated by Anslinger and his boys to keep up employment in the narcotic squads.”<sup>275</sup> He also reassures her about the possible range of moods and how to cope with negative feelings while under the influence of marijuana:

‘I must emphasize this point: the most important thing for you to remember is that you are always in control. Anything you have to do, you can do. [...]

‘And ... you can’t just take it one time and know how you are on it. You must use it every night at first—say, for a week. That way you’ll find out your own different moods and reactions. Then you won’t have to worry about getting paranoid someplace, because you’ll know how it affects *you*, see?’<sup>276</sup>

The effects of the marijuana on her she describes as positive, yet she already presents herself as a ‘redeemed’ user, although there are several later occasions in the book when she uses it:

Neal kept his word and put me through a week’s indoctrination. I enjoyed the time extension and second-by-second awareness, as well as the physical feeling of well-being, but I never got over the fear of being caught in an illegal act, and eventually came to resent the control of my mind by an outside agent and so gave it up.<sup>277</sup>

This early reference to her later decision not to use marijuana again was probably written in order to defend herself against possible accusations of encouraging drug use or being ‘pro-drug’ by those readers who believe that drug use in general is ‘bad.’ While the “indoctrination” took place in October 1947, her last use of marijuana that she writes of was in 1952. It took place at a party she went to with Jack Kerouac where she experienced the effect of marijuana on her as negative: “I was absolutely rigid. ‘Stoned’ came to mind—so that’s what it meant.”<sup>278</sup> She is then asked to drive the host someplace on their way home and fears that she will be unable to drive. Despite her fears, she manages to deliver the host and get home safely, but decides to quit using marijuana: “I thanked God or whatever was responsible, but also resolved that I’d had my last tea party.”<sup>279</sup> Her decision, as presented here, is based on the adverse effects of a large dose on her, yet in her initial renunciation she gives as the reason her resentment of “the control of my mind by an outside agent”. The former is a personal reason, while the latter is closer to being a

---

<sup>275</sup> *Off The Road*, p. 40.

<sup>276</sup> *Off The Road*, p. 40-1.

<sup>277</sup> *Off The Road*, p. 42.

<sup>278</sup> *Off The Road*, p. 172.

<sup>279</sup> *Off The Road*, p. 173.

general rejection of psychoactive substances, a rejection on principle, which is probably influenced by her perception of the effects of marijuana on Neal.

Another source of increasing anxiety was the change wrought in Neal's personality when he was high on marijuana, and he used it at home more and more. I resented him for not being himself, the difference being strong enough to make me worry lest the children notice. By now, he'd been using marijuana for so long that it was extremely hard for him to stop, and often when he'd try he'd be so irritable and edgy with me, I felt like withdrawing my objections.<sup>280</sup>

Despite her objecting to Neal's use, she is remarkably objective. She does not claim that his personality *has changed* due to marijuana, but that it *is changed* when "high". Neither does she label him as an addict, probably because he was still able to 'function' in both job and private life—despite failing her expectations for the latter (for more reasons than his use of marijuana alone). A likely cause for her objective approach is her experience with the press after Neal's arrest for giving undercover narcotics agents three joints in return for their driving him to his work. One newspaper printed a story that "was colorful guesswork from beginning to end, the whole made as sensational as possible with no concern whatever for the truth."<sup>281</sup> Another story by a journalist for a local newspaper, who actually interviews her, differs fundamentally from the media discourse on drugs that she is used to:

It was a different subject in every way. Since 'dope' in any context was the most heinous of human degradations in the eyes of the general public, the success of selling a sympathetic story to an upper middle-class community would seem highly unlikely. I was amazed at his and the newspaper's courage.

In the article he did his best to play down the drug angle, stating truthfully that nothing was yet certain.<sup>282</sup>

The effect of this article is that she gets a remarkable amount of both material and moral support from the community. Nonetheless, Neal is given a harsh sentence of "two counts of five years to life in a penitentiary"<sup>283</sup> that she represents as being the result of his failure to 'cooperate' with the authorities, i.e. informing on other users. While he is in prison, there is another situation which shows the tendency to subsume all illegal psychoactive substances under an unspecific 'drugs', but this time not by "the general public," but by the medical staff there: "His operation had been for hemorrhoids, and because he carried a card stamped 'DU' (not 'Denver University,' he informed me, but 'Drug User'), he had

---

<sup>280</sup> *Off The Road*, p. 253.

<sup>281</sup> *Off The Road*, p. 253.

<sup>282</sup> *Off The Road*, p. 300.

<sup>283</sup> *Off The Road*, p. 313.

been forbidden an anesthetic. This senseless sadism and his stoic acceptance drew tears of rage at our helplessness.”<sup>284</sup> While this could make sense in the case of a former addict to opiates, it must seem absurd and cruel to anyone who can differentiate between opiates and marijuana.

Opiate use by Neal is only mentioned once in the novel, where a friend’s home is described as “a place to indulge in tea, methadone or Benzedrine”<sup>285</sup> for Neal. Carolyn Cassady does not represent herself as being against the use of drugs in general. She writes of herself as someone who makes her decision on whether to use a substance based on the pros and cons, as her representation of Neal’s and Jack’s experimental use of peyote shows:

One night two or three friends came over with a new kick. Neal was all excited and the atmosphere took on an expectant and awesome feel. They had brought peyote, which Neal and Jack had never had before. Explicit directions were given and followed; all theories and reported results reviewed. Neal watched, leaning on the table with eyes aglow, as the friend carefully chopped up the lobes of cactus as finely as its toughness would allow.

‘Well, how do you take it, man? Cook it?’ Neal was impatient.

‘No, no . . . just eat it . . . chew it up. Only trouble is, it makes you nauseated at first, but if you can keep it down . . . wow . . . like you’ve never seen such colors . . . technicolor visions.’

I knew then this was an experience I would forever have to forego. When I weighed the thought of purposely causing oneself to be nauseated against such possible ‘visions,’ the visions lost out. I’d have to live with my own feeble imagination. All such external administrations to the psyche make me apprehensive, but I squared my shoulders and decided I’d stick around to function normally if anyone required help.<sup>286</sup>

When she inquires about the effects the next day, they are unable to report positive effects:

Neither Jack nor Neal could remember anything particularly startling or revelatory. It may just have been they couldn’t find words to match, unlikely in Jack’s case, but it seemed the deepest impression remaining with them was the nausea. [. . .] Nevertheless, they kept some peyote in the refrigerator and wrote to Allen in glowing terms, so he requested a sample for himself. The rest of the stash was finally dispersed when we awoke one morning to find ourselves criminals—possession of peyote had been declared a felony. I think they were secretly pleased with the excuse to get rid of the stuff; after all, the illegality of marijuana had never worried them.<sup>287</sup>

Their failure to report any significant effects contrasts with Kerouac’s version of the event as told in *Visions of Cody*.

---

<sup>284</sup> *Off The Road*, p. 323.

<sup>285</sup> *Off The Road*, p. 363.

<sup>286</sup> *Off The Road*, p. 170-1.

<sup>287</sup> *Off The Road*, p. 171.



During the final years of Neal's life, she is very critical of his indiscriminate use of drugs: "He increased his use of 'speed' and marijuana, and took anything else available. In despair I'd watch him swallow pills he'd 'found'—not knowing what they were—and in the next four short years I saw him pursue death with every breath of life."<sup>288</sup> She also opposes his use of strong psychedelic substances during his involvement with Ken Kesey and his 'Merry Pranksters': "As Neal added LSD and other new drugs to his diet, I discouraged his visits home."<sup>289</sup> Despite her objections, she is curious about the Acid Tests:

Neal came to see me on his return, and told me that Kesey was planning a big Halloween party, the last of the acid tests, and everyone was to be in costume so Ken could conduct it without detection. It was to be a 'graduation' from acid, and Kesey planned some charade to reassure the authorities: he would now inform the young folks that maybe it would be better if they did not indulge in LSD after all. Neal urged me to come. I would never have gone alone, but when I told Helen about it she was curious and said she'd accompany me; neither of us had seen any of the psychedelic world first hand, only descriptions in the media, and as mothers of teenagers we felt a certain obligation to check it out for ourselves.<sup>290</sup>

While the event is not to their liking and they leave early, its representation in the media is criticised: "At home we watched the late news, and needless to say what the cameramen had filmed had been edited in such a way as to give the impression of a wild and depraved Bacchanalian rite. It angered us considerably."<sup>291</sup> Having experienced the distorted media coverage of Neal's arrest, she has developed an awareness of the way the media can shape discourse.

Carolyn Cassady's attitudes towards drugs, as told in *Off The Road*, can be divided into three aspects. Her initial attitude is represented as being based on what she knew from the dominant media discourses, a mixture of apprehension and careful curiosity. The next phase is characterised by controlled use and acceptance of use by others, and she developed an awareness of the effects of the mainly one-sided representations in the media discourse. She nonetheless remained critical of excessive or uncritical use of psychoactive substances. Later, when she had decided not to use drugs again, she was still tolerant towards controlled use by others. In total, her stance is close to being an *anti*-antidrug position.

---

<sup>288</sup> *Off The Road*, p. 377.

<sup>289</sup> *Off The Road*, p. 384.

<sup>290</sup> *Off The Road*, p. 392.

<sup>291</sup> *Off The Road*, p. 396.

## 4.6 Summary

The influence of the novels by Beat Generation writers on the perception of drugs and their users was significant. Due to the media attention that followed their publication, they attracted a greater audience than most previous novels that depicted drug use. A result of this was that the Beats' counter-discursive representations of drugs slowly entered the discursive formations, i.e. they produced a new way in which drugs and addicts, as objects of knowledge, could be perceived and represented. In contrast to the previously predominantly negative representations, Kerouac and Holmes described the use and effects of drugs in a remarkably objective way: they neither glorified, nor damned them, represented positive as well as negative effects. With the exception of some characters in Kerouac's *Tristessa*, addicts are not represented in their novels as the victims of circumstances or of a drug, but as individuals who choose to use a drug even if that entails physical addiction. They failed to comply with the conventions of the literary representation of drug use, as outlined on p. 209.

The addiction attribution is rare in the novels of these two authors. The addict identities that are used are predominantly of the hybrid type. *Tristessa* is once again the only novel where addiction is represented as internal × stable and where an emphasis on 'need' is used.

The Beats' objective attitude towards drugs produced a change in the way many individuals perceived drugs and drug users. Their representations of drug users opposed the conflation of the different kinds of users under the rubric of 'drug addict', which was frequently practised in the media discourse. Carolyn Cassady's *Off the Road* documents a change in her attitudes towards and perception of drugs that was produced by the Beats' in-group attitudes. Similar effects were doubtlessly also produced in some of those who encountered the Beats' attitudes in their novels.

The novels by Kerouac and Holmes also presented the use of drugs as a cultural phenomenon, no longer contained within an ethnic minority or an occupational group. The Beats were a counterculture that had rejected a quiet life in suburbia in favour of a search for experience and a new spirituality. They did not belong to the Other in the same way that the groups previously associated with drug use did because they shared many attributes with the mainstream of American society: they were white, frequently from a middle-class background, and college-educated. In addition, they were successful in defending themselves against the initial attempts by the media to discredit them by labelling them as 'juvenile delinquents', which would have undermined their voices and turned them into members of a despised minority.

The perception of drug use as a cultural phenomenon marked a decisive turning point

in the discourses on drugs. The balance between the threat believed to be posed by drugs and the perception of drug use as being more or less contained was unsettled.

In the United States, the discourses on drugs in the decades preceding the 1960s had turned the use of many psychoactive substances into a criminal activity. In the case of the prohibition of alcohol (1920-1933), this eventually failed because the use of alcohol (with the exception of excessive or addicted use) had been a cultural phenomenon accepted by a majority and rejected only by an ardent and eloquent minority. The use of drugs, on the other hand, was (with the exception of iatrogenic addiction) perceived as a deviant practice, pursued by minority groups—ethnic minorities (e.g. the use of smoking opium by the Chinese labourers or of marijuana by Mexican immigrants) as well as occupational groups (e.g. by prostitutes and musicians)—that were stigmatised and who embodied an aspect of the Other, or by individuals who were considered to be morally weak, like criminals or impressionable young people. In other words, the use of drugs was believed to be contained.

In contrast, some authorities repeatedly claimed that ‘drug abuse’ was on the rise. While this probably was the case, one has to take into account that the statistics cited in the claims do not necessarily reflect a rise, but may also be due to increased effectiveness in the detection of users<sup>292</sup> and a prior lack of interest in reporting cases. The media discourse was eager to report on the increasing ‘menace’ and supplied many exaggerated ‘case stories’ of the effects of drugs on the user, as well as presenting drugs as a source of deviant pleasure. The effects of this ‘publicity’<sup>293</sup> were acknowledged by both Kerouac<sup>294</sup> and Burroughs<sup>295</sup>.

The fear of drugs produced by legislation and the media had been limited by the belief that drug use was contained. The occasional hysterical reactions, like the ones mentioned by Burroughs in *Junky*, increased in frequency when drug use began to be identified as a cultural phenomenon and was associated with a counterculture. The previously moderate level of social control was intensified, and eventually—as a reaction to the counterculture of the 1960s—turned into the ‘War on Drugs’. Drug use was now associated with dissent as well as with deviancy.

Burroughs was an outspoken critic of the dominant discourses on drugs, which he perceived as creating an ‘anti-drug hysteria’. In his novels of the 1950s and 1960s, he analysed his addictions to opiates and the role of control in the discourses (“Americans

---

<sup>292</sup>Some of the claims were made to ensure better funding for controlling ‘narcotics’, which, if granted, led to the detection of more users, causing an even more dramatic rise in the number of users who showed up in the statistics, creating the impression that use had surged and a demand for more control (and better funding), completing the circle. The by-product of this process was an increased fear of drugs.

<sup>293</sup>What Thomas Szasz called “a gigantic advertising campaign for the use of drugs”, cf. p. 8.

<sup>294</sup>Cf. p. 178, p. 209.

<sup>295</sup>Cf. e.g. p. 130, p. 215.

have a special horror of giving up control, of letting things happen in their own way without interference.”<sup>296</sup>). This was a novelty in the literary discourse on opiates and created the possibility to think and write about addiction and the addict in a radically altered way. The transgressive reinscription that Burroughs used in some of his early novels to destabilise and subvert the normal/deviant binary has likewise provoked radical rethinking of the role of the addict, e.g. the questions that Driscoll derives from his analysis of Burroughs:

What if addicts are not trapped, but in fact free from something, as Burroughs suggests? What if, far from being out of control, being “outside” of control constitutes freedom *from* control. In that case, giving up drugs means leaving ourselves back inside control, and a return to sickness. What happens to our antidrug position if addicts are actually exercising their free will by getting away from the sickness that is control?<sup>297</sup>.

While this perspective on the addict is based on Burroughs’ use of reverse discourse, the emphasis he placed on need in his early novels has contributed to a wide-spread acceptance of the addiction attribution, i.e. the perception of continued drug use as being beyond the control of the individual. This has to be seen in the light of the dominant discourses in the United States that he wrote against. The drug user and the addict were frequently portrayed as criminals or deviants while in Britain they were perceived (and treated) primarily as patients. His use of the addiction attribution was intended to achieve a transformation in the perception of the addict and the ‘sickness’ addiction.

In the wake of the 1960s, drug use was associated with (political and/or cultural) dissent rather than a generalised deviancy of the individual. Although a deviation from a conventional morality, particularly in connection with sexuality and ‘unproductive’ states of consciousness, was an important aspect of both the Beat counterculture and the counterculture of the 1960s and early 1970s, this deviation was perceived as a group phenomenon rather than a ‘defect’ of an individual.

---

<sup>296</sup>*Naked Lunch*, p. 170.

<sup>297</sup>Driscoll, *Reconsidering Drugs*, p. 99.

# Chapter 5

## Conclusion

The representations of the addict in narrative literature span a broad spectrum. In the 24 works analysed by me, the authors use representations of drugs and addict characters for a number of purposes, and the addict identities portrayed in the works vary accordingly. I will now summarise the results of my analysis of the constructions of the addict in literature.

The constructions should be divided into two categories: the representations of the societal perceptions of and attitudes towards drug users and addicts, and the representations chosen by the authors for their drug using or addicted characters. In the works analysed, the two categories frequently are at odds: the addict is often represented in a way that conflicts with the dominant perceptions of the addict.

The following progression of the societal perception of the addict can be derived from the analysed texts:

1. Until the mid-nineteenth century, drug use was still perceived as a behaviour. The *Confessions of an English Opium-Eater* indicate that there was no dominant stereotype which defined the addict as a deviant identity. The behaviour of using drugs for pleasure was considered deviant by some because of its association with foreignness, while those who engaged in it could justify it by likening it to accepted pleasures and attempting a transvaluation. Medicinal use was accepted and little stigma was attached to those who became addicted as a consequence.
2. A progressive transformation of the drug user into the Other, that occurred from the mid-nineteenth century onwards, can be detected in *The Moonstone* and *The Mystery of Edwin Drood*. This primarily affected the 'stimulant' use for pleasure, due to the perceived spread of opium smoking (which in reality was very limited), but also began to influence the perception of medicinal opiate use. Dickens' unfinished

novel encouraged the idea that the user is transformed by his drug use, i.e. that his identity might be changed.

3. *Diary of a Drug Fiend* and *Underworld of the East* indicate an increasing medicalisation of the addict (i.e. the belief that it was up to medicine to ‘cure’ the addict) in the late nineteenth and early twentieth century.
4. These two novels also represent the increasing criminalisation of the addict in the wake of the First World War. In the United States, the perception of the addict as a criminal, encouraged by novels like *The Man with the Golden Arm* and representations of drug users and ‘pushers’ in pulp fiction, has varied in the course of the twentieth century, depending on the attention given to drug use in the media discourse and official policies. Peaks in this attention that are referred to in the works I discuss were in the 1930s (the media attention to marijuana referred to in *Off the Road*) and from the late 1940s to the early 1960s (represented in *Junky*, *Naked Lunch* and *Cain’s Book*).
5. Since the late 1950s there has been a concurrent development in the United States that can be termed a remedicalisation of the addict, and which was encouraged by Burroughs in *Junky* and *Naked Lunch*, where he stated his medical view of addiction. This view was modelled on the approach to addicts practised in Britain, where the addict was often seen as a patient rather than a criminal because the criminalisation there had not been as intense as in the United States. A medicalisation of the addict can also be found in *Tristessa*, and is criticised in *Cain’s Book*.
6. The medical view of addiction lost importance in Britain under the influence of the American ‘war on drugs’, but regained it in the 1980s. This is reflected in *Trainspotting*, where the perception of the addict wavers between a criminal, who is persecuted by vigilante groups, and a patient, who is supposed to be ‘cured’ by methadone and counselling.

These shifts in the perception of the drug user, from an association with a foreign Other to being seen as a deviant beyond (self-)control, from being seen as a sick person to a criminal and back again, are mirrored clearly in the works of narrative literature. Quite often the representations of addicts in the works themselves differ from these dominant perceptions. I have already produced summaries showing how addicts are represented in the analysed works in 3.7 and 4.6. These representations can now be grouped into three categories:

- (A) the sources (i.e. representations that shaped the perception of addicts);

- (B) the replicators (i.e. representations that made use of the dominant contemporary perceptions); and
- (C) the dissenters (i.e. representations that belong to a counter-discourse that opposed the dominant perceptions).

Due to the criteria I used to select the works that are discussed in this thesis, the second category is underrepresented in my sample. Novels that base their representations of addicts on a stereotypical perception are very common. These novels replicate the stereotypes that surround the addict (e.g. that addicts steal and cheat to finance their drugs, or that they are completely untrustworthy) and often make use of the strategies that turn the addict into the Other. This mode of representation is frequently chosen by authors who have no personal experience of addiction and therefore have no incentive to change the perception of addicts and who prefer a representation of addicts that does not challenge the readers' beliefs and opinions. *The Man with the Golden Arm* is the only novel I discussed that unreservedly belongs into this category. While *Tristessa*, with its use of the well established disease model of addiction, and *Trainspotting*, which uses the current ambivalent perception of the addict for the representations of its addict characters, can also be categorised as belonging to this category, they also contain at least some representations of addicts that oppose the dominant perception.

The majority of the texts analysed by me belong to the third category. They frequently are critical of the addict stereotypes and the paradigms that surround drug use, i.e. the beliefs that it is impossible to quit using opiates, that drug use progresses along a 'slippery slope', and that some drugs produce an 'instantaneous addiction' or a permanent change of the addict's identity ('once an addict, always an addict'). Although some of the criticisms in the works are convincingly argued, and many representations of addict behaviours (e.g. recurring cycles of drug use and abstinence) correspond to the current scientific discourses on drugs, the dominant discourses have been very slow in reacting (positively by adaptation or negatively by denial) to these challenges. In some cases, like the objective representations of drugs and drug users in the novels by Kerouac and Holmes, there were indirect effects<sup>1</sup> on the dominant discourses.

There are several different counter-discursive strategies that are used in the works that belong to this category and in some that belong to the first category:

- A representation of drug use that does not comply with the common perception as stable and uncontrollable (e.g. in *Underworld of the East* and *how to stop time*).

---

<sup>1</sup>The novels had an effect on the experimental attitude towards drugs in the counterculture of the 1960s and early 1970s, which later influenced the dominant discourses because the majority of the individuals who used drugs in that period did not turn out to be dysfunctional or develop a drug addiction.

- Representations of addict characters who do not make use of the addiction attribution and exhibit unstable patterns of drug use (e.g. in *Go* and many of Kerouac's novels).
- The use of addict characters who manage to function despite their addictions (e.g. the narrators of *Cain's Book* and *how to stop time*).
- The correction of 'errors' or misrepresentations that are common in the dominant discourses (e.g. Jennings explaining to Blake the different effects that opium can have in *The Moonstone*).
- Opposition to the strategies used in the transformation of drugs and addicts into the Other (e.g. trying to change the view that drug use is foreign by comparing it to the use of accepted psychoactive substances in *Underworld of the East*).
- Pointing out that many of the detrimental effects attributed to drugs are in reality produced by legal sanctions and the social stigmatisation of addicts (e.g. the narrator's criticism of the prohibition of drugs in *Cain's Book*).
- Representations of withdrawals that question the 'impossible to quit' paradigm (e.g. in *Diary of a Drug Fiend*).

In addition to these counter-discursive strategies, some authors tried to oppose the stigmatisation of drugs and addicts by using a reverse discourse that sought to change the positions within the normal/deviant binary.

The first category is predominantly the domain of the nineteenth-century works. This is due to the fact that the role of narrative literature in the discourses on drugs has changed over time. In the nineteenth century the discourses were shaped to a considerable extent by De Quincey's *Confessions of an English Opium-Eater*, which served as an incitement to discourse on the topic of drug use, in particular 'stimulant' opium use (i.e. opium used for pleasure). The *Confessions* serve as a sub-text for other works well into the twentieth century. *The Mystery of Edwin Drood* had a different effect. As I have shown, the role that opium would have played in the completed novel remains obscure, yet it introduced the melodramatic representation of opiate use and its association with seedy places like the English 'opium den' that were later copied in other works of fiction. With the exception of the concept of opiate addiction as a metabolic disease producing a 'need' for the drug, which changed the perception of addiction from a 'disease of will' to an actual physical disease and was introduced by Burroughs in his early novels, this kind of intertextual influence was not produced by any of the twentieth-century works.



The growing importance of the media in the course of the twentieth century has lessened the significance of the contributions of narrative literature to the discourses on drugs. The degree to which narrative literature contributes to the perception of the addict (challenging or supporting existing views) depends on the amount of media coverage given to the works or their authors. The obscenity trials that *Naked Lunch* was subjected to brought the novel to the attention of many individuals who would otherwise not have heard about it, and the media coverage of the Beat Generation as a group produced an interest in the authors and their attitudes towards drugs that frequently fails to materialise for other works that feature drug use and addict characters. In cases where the success of a novel triggers a media attention (e.g. *Trainspotting*), the representations of addicts more often than not are compatible with the dominant addict stereotypes, i.e. the addict is portrayed as an individual whose life has been transformed by the use of drugs into a nightmare of almost constant need and who will lie, steal and do almost anything to get the drug.

Such representations of addicts are problematic because, as Davies pointed out in *The Myth of Addiction*, “the more we treat drug problems as if they were the domain of inadequate, sick or helpless people, the more people will present themselves within that framework, and the more we will produce and encounter drug users who fit that description.”<sup>2</sup> Narrative literature can present an alternative framework, one that empowers the addict to make active choices and control his use<sup>3</sup>. This is an aspect that has frequently been neglected because the representations of drug users that do not comply with the addiction attribution are often met with disbelief. This is due to such representations being incompatible with the framework of ‘knowledge’ produced by the dominant discourses. If representations of non-stereotypical addicts appear in a work of fiction, they are all too often interpreted as a mere fantasy of the author. This is unfortunate because many addict-authors have included knowledge about drugs and addiction in their works that could have contributed to harm reduction<sup>4</sup> or served as triggers for medical, psychological and sociological enquiry. Some of the statements made in the novels and autobiographical works were later validated by the findings of research<sup>5</sup>.

As I have shown in 3.7, there is a correspondence between the use of the addiction attribution to explain the behaviour of repeated drug use and the addict identities that are represented in the works. In the novels where the drug-using characters endorse the addiction attribution (i.e. drug use is represented as internal × stable × uncontrollable),

<sup>2</sup>Davies, *The Myth of Addiction*, p. 23.

<sup>3</sup>Such alternative frameworks are represented in e.g. *Underworld of the East* and *how to stop time*.

<sup>4</sup>E.g. the advice on safe use and hygiene given in *Underworld of the East*.

<sup>5</sup>This was the case with Burroughs’ observation in *Junky* that most addicts eventually ‘mature out’ of their addictions.

they are frequently represented as having an essential addict identity (i.e. the characters see their drug use as something that affects all aspects of their lives and their identities are changed fundamentally due to their addiction). This is the case in *The Man with the Golden Arm*, and to a lesser degree in *Junky*, *Naked Lunch*, *Tristessa* and *Trainspotting*. The works that do not make active use of the addiction attribution, or that are critical of it, usually represent addict characters as having a hybrid addict identity, they acknowledge that they are addicts (i.e. that they use drugs so often that this can be perceived as rendering them partly dysfunctional<sup>6</sup>) but otherwise know that they are still ‘themselves’, with the same values and morals that they had prior to becoming an addict. While this kind of addict identity is plausible, I have some doubts regarding the actual existence of the essential addict identity as an identity that is permanently changed by the use of drugs.

The representations of addicts in the narrative literature I have analysed and the findings of sociological research documented in *The Myth of Addiction* suggest that the actual identity of an addict is not fundamentally changed by his use of drugs. Yet, since the belief in a changed identity, transformed by obscure powers attributed to drugs, is supported by the dominant discourses, it can be used to explain a chosen behaviour in a way that lessens the attribution of blame. This explanation can be used both by addicts, who use a stereotypical essential addict identity as a self-identification, and by others, who prefer to locate the reasons why an individual chooses to use drugs in a presumed power of the drug to change identity and to remove the addict’s capacity for volitional behaviour.

While both kinds of addict identity are products of the twentieth century, some aspects of these identities can be found in the representations of addicts in nineteenth-century literature. De Quincey’s ‘regular’ opium eater is a type of proto-addict who bears a close resemblance to a twentieth-century hybrid addict identity: his use is based on volition, not on some property inherent in opium, it is controllable, and it is not a factor determining his identity as a whole (he “loses none of his moral sensibilities or aspirations”<sup>7</sup>), but merely affects some behaviours. I could not detect signs of the existence of a discrete addict identity in the other nineteenth-century novels. While certain attributes of the later addict identity (e.g. the Otherness of Ezra Jennings in *The Moonstone*, or the transformation of the den-keeper through her opium use in *The Mystery of Edwin Drood*) can be found, they are attributes of individuals and not yet part of an addict identity that is used to define the addict in general.

The earliest essential addict identity to be encountered in the works I discuss belongs to a minor character in *Diary of a Drug Fiend* whose life is focused very single-mindedly

---

<sup>6</sup>This dysfunctionality does not have to be a complete functional failure, a perceived lack of sociability, or not showing interest in other pursuits such as sports or going out, can be enough to be seen as partly dysfunctional.

<sup>7</sup>*Confessions*, p. 234.

on her use of heroin. In contrast, the novel's protagonists manage to overcome their addictions once they realise that their drug use is a behaviour that is not due to a 'power' of the drug, but chosen. The novel opposes the view that drug use necessarily changes the identity of the addict. Similarly, the narrator of *Underworld of the East* does not associate drug use in general with effects on the user's identity. He embraces a hybrid addict identity, highly valuing the experiences that he has due to his drug use, but simultaneously controlling his drug use and preventing it from affecting his functionality.

While from the mid-twentieth century the dominant discourses focused on representations of the addict as a dysfunctional deviant whose behaviour is self-destructive or antisocial, narrative literature made use of a broad spectrum of addict identities. The representations of drug users and addicts in the analysed works range from the stereotypical addict who centres his life around the use of opiates and to whom little but the drug and its acquisition matters, to individuals who manage their drug use so that it does not impair their everyday functioning.

In *Cain's Book* a hybrid addict identity is embraced by the narrator as something positive, it is used as a token of difference and individuality. This indicates that a structural parallel exists to the affirmation in literature of a homosexual identity as an identity chosen in opposition to societal norms, but this remains to be proven by research that focuses on a comparative analysis of the representations of 'deviancy' and 'deviant' identities in literature.

My research gives rise to the conclusion that an essential addict identity, in the sense that it is an identity changed permanently by drug use, does not exist in reality. It is an explanation—used by the user himself or others—for a behaviour that a drug-using individual chooses. Addict identity in general should not be seen as a fundamentally altered identity, but rather as an identity in a mathematical sense: "A transformation which gives rise to the same elements as those to which it is applied."<sup>8</sup> The addict identity is a chosen identity. This is not to say that the drug user necessarily chooses to be addicted<sup>9</sup>, but that he chooses to represent himself in a way that complies with the addiction attribution (i.e. that his drug use is beyond his control and not volitional) in order to lessen the blame that attaches to drug use and other behaviours frequently associated with addicts (e.g. stealing or lying). The representation of an essential addict identity, both in literature and in real life, is a conceptualisation encouraged by the discourses on drugs, which is nonetheless detrimental for both the addict himself, and for the society he lives in.

---

<sup>8</sup>*NSOED*, p. 1304.

<sup>9</sup>Although the possibility of addiction can, as Marlowe has stated, be an incentive to dabble with drugs.

Despite the relatively large number of works analysed by me, some aspects of the representation of addicts in literature have not been examined as assiduously as they in principle deserve to be. For example, the stereotypes surrounding the addict were not derived from the study of literary works, but from cultural histories of drugs and drug use. It would be interesting to examine more fully the representations of addict characters in the many works (including those in 'pulp-fiction' publications which rarely are accorded the status of literature) that do not try to contribute to a counter-discourse and make use of addicts as mere props, and to distill the stereotypes from these sources.

Another possible point of criticism is that my research is based to a large extent on works that feature opiate users and opiate addicts, and my findings about the drug addict are extrapolated from this, instead of devoting chapters to the many different drugs. However, my choice of focusing on opiates is based on the comparatively long history of writing on opiates, which has produced a large body of literature, and the fact that the opiate addict has at certain times served as a template that was used to define users of other drugs (e.g. the users of marijuana in the 1930s), and that he is still presented frequently as the end result of the 'slippery slope' paradigm. I nonetheless would be interested in the results of future research that focuses on representations of other drugs (e.g. cocaine, cannabis and the psychedelics) and their 'addicts' in literature, in order to see whether this research produces different findings regarding the addict. Similarly, research could be undertaken that analyses non-substance-based 'addictions', i.e. behaviours other than drug use that are perceived as internal  $\times$  stable and potentially detrimental, e.g. gambling or the single-mindedness of the so-called 'workaholic'.

Attribution theory has proved to be useful for the analysis of representations in narrative literature of the explanations given for behaviours. While many sociological theories depend on hard facts and 'truths', which are not always easily deductible from narrative literature, attribution theory analyses statements regardless of their veracity. Attributional theory with its predictions about future behaviour shares this independence of facts, and the results of my analysis of narrative literature do not give rise to doubts about the theory put forward in *The Myth of Addiction*, namely that the addiction attribution which presents addiction as an internal  $\times$  stable behaviour is counterproductive for the drug user because it thwarts attempts to change.

These theories may in the future also prove to be useful for analysing literary representations of other behaviours perceived to be compulsive (e.g. the non-substance-based 'addictions' mentioned above), or behaviours that provoke attributional verdicts because they are instances of a failure to comply with societal norms (e.g. a refusal to comply with gendered roles or to take part in a consumer society).

“Talking and writing about drugs affects a user’s experiences (or memory of them) just as certainly as drugs affect writing and speech. There is an inevitable reciprocity.”<sup>10</sup> Although the primary purpose of this thesis consists in being a contribution to the study of literature, it would give me great satisfaction if it also contributes to a different perception of the addict and a rethinking of addict identity—perhaps even by drug users themselves—that lead to addicts rejecting the addiction attribution and taking active control of their lives.

---

<sup>10</sup>Lenson, *On Drugs*, p. xviii.

# Appendix A

## Bibliography

### A.1 Primary sources

Algren, Nelson. *The Man with the Golden Arm*, (Edinburgh: Rebel Inc., 1998).

Burroughs, William S. *Junky*, (Harmondsworth: Penguin, 1977).

— *Naked Lunch*, (London: Paladin, 1992).

— *The Soft Machine*, (London: Paladin, 1986).

— *Nova Express*, (New York: Grove Press, 1964).

— *Cities of the Red Night*, (London: Picador, 1982).

— *The Western Lands*, (London: Picador, 1988).

— ‘Foreword’, in John Strausbaugh and Donald Blaise, eds., *The Drug User: Documents 1840-1960*, (New York: Blast Books, 1991).

— *My Education: A Book of Dreams*, (London: Picador, 1996).

Cassady, Carolyn. *Off The Road*, (Harmondsworth: Penguin, 1991).

Cassady, Neal. *The First Third & Other Writings*, (San Francisco: City Lights Books, 1981).

Collins, Wilkie. *The Moonstone*, (Ware: Wordsworth Editions Ltd., 1999)

Crowley, Aleister. *Diary of a Drug Fiend*, (York Beach, ME: Samuel Weiser, 1970).

De Quincey, Thomas. *Confessions of an English Opium-Eater*, (Revised version of 1856), (Ware: Wordsworth Editions Ltd., 1994).

Dickens, Charles. *The Mystery of Edwin Drood*, (Ware: Wordsworth Editions Ltd., 1998).

Holmes, John Clellon. *Go*, (New York: Plume, 1980).

— *The Horn*, (New York: Thunder's Mouth Press, 1988)

Kerouac, Jack. *On the Road*, (Harmondsworth: Penguin, 1991).

— *The Dharma Bums*, (London: Paladin, 1992).

— *Doctor Sax: Faust Part Three*, (New York: Grove Press, 1987).

— *The Subterraneans*, (London: Flamingo, 1992).

— *Visions of Cody*, (London: Flamingo, 1995).

— *Tristessa*, (Harmondsworth: Penguin, 1992).

— *Good Blonde & Others*, (San Francisco: Grey Fox Press, 1993).

Lee, James S. *Underworld of the East: Being Eighteen Years' Actual Experiences of the Underworlds, Drug Haunts and Jungles of India, China and the Malay Archipelago*, (London: Green Magic, 2000).

Marlowe, Ann. *how to stop time - heroin from A to Z*, (London: Virago Press, 1999).

Trocchi, Alexander. *Cain's Book*, (London: Calder Publications, 1992).

Welsh, Irvine. *Trainspotting*, (London: Minerva, 1996).

## A.2 Secondary sources

- Ausubel, David P. 'Causes and Types of Narcotic Addiction: A Psychosocial View', (1961), reprinted partly in Mike Jay, ed., *Artificial Paradises*, (Harmondsworth: Penguin, 1999), p. 276-7.
- Berridge, Virginia and Griffith Edwards. *Opium and the People: Opiate Use in Nineteenth-Century England*, (London: Allen Lane, 1981).
- Boon, Marcus. *The Road of Excess: A History of Writers on Drugs*, (Cambridge, MA and London: Harvard University Press, 2002)
- Booth, Martin. *Opium: A History*, (London: Simon & Schuster, 1996).
- Bristow, Joseph. *Sexuality*, (London: Routledge, 1997).
- Brown, Lesley, ed. *The New Shorter Oxford English Dictionary*, (Oxford: OUP, 1993).
- Burgess, Robin. 'Kerouac, Alcohol, and the Beat Movement' in Vice, Campbell & Armstrong, eds., *Beyond the Pleasure Dome: Writing and Addiction from the Romantics*, (Sheffield: Sheffield Academic Press, 1994), p. 225-30.
- Campbell, Allan and Tim Niel, eds. *A Life in Pieces: Reflections on Alexander Trocchi*, (Edinburgh: Rebel Inc., 1997).
- Caveney, Graham. *The 'Priest', They Called Him: The Life and Legacy of William S. Burroughs*, (London: Bloomsbury, 1997).
- Charters, Ann. 'Introduction' in Kerouac, *On the Road*, (Harmondsworth: Penguin, 1991)
- *Kerouac: a biography*, (New York: St. Martin's Press, 1994).
- ed. *The Penguin Book of the Beats*, (Harmondsworth: Penguin, 1993).
- Clinard, Marshall B. and Robert F. Meier, *Sociology of Deviant Behavior*, (Fort Worth: Harcourt College Publishers, 1963 (eleventh edition: 2001)).
- Condon, J., and Smith, N. *Prevalence of drug use: key findings from the 2002/2003 British Crime Survey*. Home Office Research Findings No. 229, (London: Home Office, 2003).
- Cooke, Mordecai. *The Seven Sisters of Sleep*, (Rochester, Vermont: Park Street Press, 1997)



- Courtwright, David T. *Forces of Habit: Drugs and the Making of the Modern World*, (Cambridge, MA: Harvard University Press, 2001).
- Dally, Ann. 'Anomalies in the 'War on Drugs' ', in Roy Porter and Mikuláš Teich, *Drugs and Narcotics in History*, (Cambridge: CUP, 1995)
- Davenport-Hines, Richard. *The Pursuit of Oblivion: A Social History of Drugs*, (London: Phoenix Press, 2002).
- Davies, John Booth. *The Myth of Addiction*, 2nd ed., (Amsterdam: Harwood Academic Publishers, 1997)
- Dollimore, Jonathan. *Sexual Dissidence: Augustine to Wilde, Freud to Foucault*, (Oxford: OUP, 1991).
- Driscoll, Lawrence. *Reconsidering Drugs: Mapping Victorian and Modern Drug Discourses*, (New York and Basingstoke: Palgrave, 2000).
- Encyclopædia Britannica CD 2000*, (London: Britannica.co.uk Ltd., 2000)
- Foucault, Michel. *The Archaeology of Knowledge*, (London: Routledge, 1989)
- *The Will to Knowledge - The History of Sexuality: 1*, (Harmondsworth: Penguin, 1998).
- *The Use of Pleasure - The History of Sexuality: 2*, (Harmondsworth: Penguin, 1992).
- Franzwa, Gregg. "Aristotle and the Language of Addiction" in Jane Lilienfeld and Jeffrey Oxford, eds., *The Languages of Addiction*, (Basingstoke: Macmillan Press, 1999).
- Hamilton, Cynthia S. 'The Prisoner of Self: The Work of John Clellon Holmes' in A. Robert Lee, ed., *The Beat Generation Writers*, (London: Pluto Press, 1996).
- Hayter, Alethea. *Opium and the Romantic Imagination*, (Berkeley: Univ. of California Press, 1968).
- Hodge, John. *Trainspotting & Shallow Grave*, (London: Faber and Faber, 1996).
- Jay, Mike, ed. *Artificial Paradises: A Drugs Reader*, (Harmondsworth: Penguin, 1999).
- King James I. *A Counter-blaste to Tobacco*, (1604), reprinted in Richard Rudgley, *Wildest Dreams*, (London: Little, Brown and Company, 1999).

- Kohn, Marek. *Narcomania: On Heroin*, (London: Faber and Faber, 1987).
- Lardas, John. *The Bop Apocalypse: The Religious Visions of Kerouac, Ginsberg, and Burroughs*, (Chicago: University of Illinois Press, 2001).
- Lee, A. Robert, ed. *The Beat Generation Writers*, (London: Pluto Press, 1996).
- Lenson, David. *On Drugs*, (Minneapolis: University of Minnesota Press, 1995).
- Levine, Harry G. "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America." in *Journal of Studies on Alcohol* 15 (1979), p. 493-506; reprinted at <http://www.drugpolicy.org/library/tlclevin.cfm>.
- Lilienfeld, Jane and Jeffrey Oxford, eds. *The Languages of Addiction*, (Basingstoke: Macmillan Press, 1999).
- Matthews, Patrick. *Cannabis Culture*, (London: Bloomsbury, 1999).
- Musto, David F., ed. *Drugs in America: A Documentary History*, (New York: New York University Press, 2002).
- Oliver, F. E. 'The Use and Abuse of Opium', in David F. Musto, *Drugs in America*, p. 216-7. Originally published in: Massachusetts State Board of Health, *Third Annual Report*, (Boston: Wright and Potter State Printer, 1872)
- The Oxford English Dictionary*, (Oxford: OUP, 1933).
- The Oxford English Dictionary - Supplement and Bibliography*, (Oxford: OUP, 1933).
- Plant, Martin A. *Drugs in Perspective*, (London: Hodder and Stoughton, 1981).
- Plant, Sadie. *Writing on Drugs*, (London: Faber and Faber, 1999).
- Porter, Roy and Mikuláš Teich, *Drugs and Narcotics in History*, (Cambridge: CUP, 1995)
- Rudgley, Richard. *The Alchemy of Culture: Intoxicants in Society*, (London: British Museum Press, 1993).
- *The Encyclopaedia of Psychoactive Substances*, (London: Little, Brown, 1998).
- ed. *Wildest Dreams: An Anthology of Drug-Related Literature*, (London: Little, Brown, 1999).
- Rushdie, Salman. *The Satanic Verses*, (Harmondsworth: Viking Penguin, 1988).

- Scott, J. M. *The White Poppy: A History of Opium*, (London: Heinemann, 1969).
- Sontag, Susan. *Illness as Metaphor — AIDS and Its Metaphors*, (Harmondsworth: Penguin, 1991).
- Szasz, Thomas. *Ceremonial Chemistry*, (Holmes Beach, FL: Learning Publications, 1985).
- Thompson, Hunter S. *Hell's Angels*, (Harmondsworth: Penguin, 1967).
- Turner, Steve. *Angelheaded Hipster: A Life of Jack Kerouac*, (London: Bloomsbury, 1996).
- Vice, Sue, Matthew Campbell, and Tim Armstrong, eds. *Beyond the Pleasure Dome: Writing and Addiction from the Romantics*, (Sheffield: Sheffield Academic Press, 1994).
- Walton, Stuart. *Out of It: A Cultural History of Intoxication*, (Harmondsworth: Hamish Hamilton, 2001).
- West, Donald J. *Homosexuality*, (Harmondsworth: Pelican, 1960)
- Wills, Simon. *Drugs of Abuse*, (London: The Pharmaceutical Press, 1997)
- Wolfe, Tom. *The Electric Kool-Aid Acid Test*, (London: Black Swan, 1989).

# **Appendix B**

## **Zusammenfassung in deutscher Sprache**

Diese Dissertation untersucht die Darstellung von Drogen und dem Drogensüchtigen in englischer und amerikanischer Literatur. Das Hauptaugenmerk dieser Arbeit liegt dabei auf den Diskursen, die den Drogensüchtigen als ein von der Norm abweichendes Individuum konstruieren, und den dazu existierenden literarischen Gegendiskursen. Des Weiteren wird untersucht, inwieweit und unter welchen Bedingungen die Literatur einen Einfluss auf die Erschaffung des Süchtigen als kulturelles Konstrukt hat.

Die gesellschaftliche Wahrnehmung des Süchtigen ist geprägt von einer Assoziation mit Fremdheit, welche einerseits historisch bedingt ist, andererseits auch durch eine Darstellung von Drogenkonsum als Krankheit und als Abweichung von moralischen Normen erzeugt wird, und von dem Glauben, dass die Droge die Macht besitzt, die Identität des Süchtigen zu verändern. Eine Untersuchung dieser Aspekte sowie eine Einführung in die Möglichkeiten, welche die aus der Soziologie stammende Attributionstheorie für die Analyse von Begründungen für Handlungen (im speziellen Fall der Handlung des fortgesetzten Drogenkonsums) bietet, werden in Kapitel 2 der folgenden Textanalyse vorangestellt.

Die untersuchten Werke sind fiktionale und autobiographische Erzähltexte aus dem Zeitraum von 1822 bis 1999 und gliedern sich in zwei Gruppen. In Kapitel 3 untersuche ich die chronologische Entwicklung der Darstellungen von Opiatkonsumenten. Opiate gelten gemeinhin als die gefährlichsten und die am stärksten süchtig machen aller Drogen und finden seit dem 19. Jahrhundert im literarischen Diskurs große Beachtung. In Kapitel 4 befasse ich mich mit Werken von Autoren, die einer Gruppe, der so genannten 'Beat Generation' der Fünfziger und Sechziger Jahre des 20. Jahrhundert, zugerechnet werden, um die Darstellungen von Drogen und Drogenkonsumenten im Spannungsfeld der beginnenden Wahrnehmung des Drogenkonsums als Gruppen-

phänomen und der zunehmenden Kriminalisierung von Drogenkonsum in den Vereinigten Staaten zu analysieren.

In vielen der untersuchten Werke findet sich ein Gegendiskurs, der versucht die gesellschaftliche Wahrnehmung von Drogensüchtigen zu verändern. So finden sich süchtige Charaktere, deren Verhalten sich radikal von den vorherrschenden Stereotypen abhebt, z. B. die Darstellung von Süchtigen, die ihre Sucht zu kontrollieren wissen und als Folge davon nicht dysfunktional sind, oder von Sucht als bewusst gewähltem Gegenentwurf zu der gesellschaftlichen Norm.

Ich gehe der Hypothese nach, dass die Identität des Süchtigen eine Identität ist, welche von einem Drogenkonsumenten (bewusst oder unbewusst) gewählt wird, um die möglichen Schuldzuweisungen für sein Verhalten zu verhindern oder abzuschwächen und um gewisse Handlungen (den Drogenkonsum an sich sowie andere nicht normkonforme Handlungen) zu rechtfertigen. Hierbei hat sich herausgestellt, dass die Betrachtung von Sucht als ein hauptsächlich identitätsbestimmendes Merkmal sowohl von der Mehrzahl der untersuchten Werke, als auch von der Attributionstheorie in Frage gestellt wird. Während ein Einfluss auf eine als hybrid anzusehende, selbstkonstruierte Identität zweifelsfrei bestehen kann, so ist die (Selbst-)Darstellung einer durch die Sucht bestimmten Identität eine Folge der gesellschaftlichen Einstellung gegenüber Drogen. Eine Darstellung von Sucht als stabil, intern und unkontrollierbar, d. h. als ein Produkt einer durch die Droge bewirkte Veränderung der Identität, ist mitverantwortlich für die Wahrnehmung von Sucht als Krankheit, welche als Begründung für Verhalten die Verantwortung dafür und die Wahrscheinlichkeit von Schuldzuweisungen reduziert.

Die untersuchten Texte geben Anlass zu der Schlussfolgerung, dass viele der häufig vertretenen Ansichten über Drogenkonsum und den Süchtigen, denen oftmals in den Diskursen über Drogen eine allgemeine Gültigkeit zugeschrieben wurde (wie z. B. dass manche Drogen sofort und unausweichlich süchtig machen, oder dass es nahezu unmöglich ist, eine Opiatsucht zu beenden), angezweifelt werden müssen.

Während der Literatur im 19. Jahrhundert noch eine bedeutende Rolle bei der Anregung der Diskurse über Drogen und der Bewusstmachung des Phänomens der Sucht zukam, ist im 20. Jahrhundert der Einfluss der analysierten literarischen Darstellungen des Süchtigen auf die vorherrschenden Diskurse und damit auf seine gesellschaftliche Wahrnehmung als eher gering zu bewerten. Dieses ist einerseits auf die zunehmende Bedeutung der Medien als meinungserzeugendes Instrument, andererseits auf die gesetzliche Festschreibung des Drogenkonsums als nicht statthafte und zu verfolgende Handlung zurückzuführen.

## **Danke**

an meinen Doktorvater Prof. em. Dr. Hans-Joachim Possin, der mich während der Anfertigung dieser Arbeit auch aus der Ferne mit Rat und Tat unterstützt hat, und an Prof. Dr. Viktor Link, der sich als Zweitgutachter zur Verfügung gestellt und mir in der Endphase der Fertigstellung dieser Arbeit wertvolle Hinweise gegeben hat;

an die jetzigen und ehemaligen Mitarbeiter des Englischen Seminars, für das vermittelte Wissen und ein Studium, das Spaß gemacht hat;

an alle Freunde, die mich während der letzten Jahre seltener zu Gesicht bekamen;

und vor allem an meine Eltern, Sarah und Volker Weigelt, die mich immer unterstützt und es mir ermöglicht haben, meine Ziele zu verwirklichen, und an Christine Schlag für alles.

## Lebenslauf

1970	Geboren in Frankfurt am Main
1989	Abitur am Gymnasium Kreuzheide, Wolfsburg
1990	Aufnahme des Studiums der Physik (Dipl.) an der Technischen Universität Braunschweig
1994	Abbruch des Studiums der Physik Aufnahme des Studiums der Anglistik und Pädagogik
1999	Magisterabschluss in Anglistischer Literaturwissenschaft Aufnahme des Studiums der Philosophie, Germanistik und Geschichte
2000	Ergänzungsprüfung über das Kleine Latinum am Wilhelm-Gymnasium Braunschweig
2002	Studienfachwechsel auf Anglistik als Promotionsstudiengang